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Mothers' Experiences Of Parenting Young Boys And Girls With Behavior Problems: An Inside View Of Parent-Child Interactions

by

Peggy Lynn Tally

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the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "Mothers' Experiences Of Parenting Young Boys And Girls With Behavior Problems: An Inside View Of Parent-Child Interactions", submitted by Peggy Lynn Tally in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Special Education.

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Dr. Linda McDonald

L McDonald
for Dr. Mary Ann Bibby

Rosemary Liburd
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Dianne K Kieren
Dr. Dianne Kieren

L McDonald
for Dr. R. G. Wahler

Date June 29 1996

For My Parents

Ken and Elsie Bride

Abstract

While the study of parent-child interactions has offered rich insights into the development of antisocial behavior in children, the majority of research has focused on the outside perspective of researchers and professionals, with samples generally restricted to school-age children and boys. This phenomenological study utilized the parent perspective, the inside view, to investigate parent-child interactions in young (preschool) boys and girls with behavior problems.

Supporting literature was drawn from ecological theory and from relevant research on behavior disorders, parenting, and the parent perspective on antisocial behavior. Data was collected from in-depth interviews with seven mothers of children ages 3 to 4 years with behavior problems. Participants videotaped typical parent-child interactions in their homes and provided their interpretations after watching the videotape. Audio taped interviews were transcribed and then analyzed, with the emergent themes encompassed within the interconnected perspectives of the view from within (what it means to parent), and the view from a distance (the videotape experience). From the inside view, the essential nature of the parenting experience was revealed as one based on lived experience, i.e., experiential knowing. The experience is much different from that of normal parenting and is often in contrast to the outside view.

Participants described an ongoing recursive process of parenting framed by the contexts of time, people and places, and within multiple reciprocal interactions. Threads of distance, meaning and connection were visible in themes of defining the problem, getting help, living the experience from day-to-day, learning from experience, considering the future, and considering gender. Watching the videotape provided confirmation of the inside experience and for some, new and powerful insights into parent-child interactions.

Parallels were seen between the phenomenon and the existing literature, along with new information from the parent perspective. Implications for intervention focused on the meeting of inside and outside perspectives for a more in-depth view of parent-child interactions, and on the need for sensitivity within a collaborative approach. Utilizing the inside perspective through the use of narrative therapy may help parents to explore and synthesize their experiences from proximal and distal contexts. Utilizing videotape as done in

this study can offer further confirmation and insight to parents. The study emphasizes the value of the parent perspective and the value of combining inside and outside perspectives in furthering our understanding of the development of antisocial behavior in young children.

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

T.S. Eliot

I dwell in possibility.

Emily Dickinson

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I am grateful to the participants of the study for allowing me to enter into your lives and to witness your unique and personal experiences in parenting your children. I was touched deeply by the themes in each of your stories and I hope that the experience of participation offered you gifts of knowing and possibility. What remains most clearly with me is the strength and faith of your commitment to your children as their parents. This will serve as a source of guidance for me as I continue in my work with children and parents.

I am the benefactor of the faith and commitment of my own parents, Ken and Elsie. In your own ways, you have each instilled in me the joy of learning and the strength and foundation of family. I dedicate this work to you both.

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CHAPTER 1

INTRODUCTION

A Societal Perspective

Historically, society has expressed an ongoing concern with the serious nature and perceived increase in the delinquency and antisocial behavior of children and youth. In their review of the Young Offenders Act as current legislation, Bolton et al. (1993) cite a judge's observation of the situation:

> an ulcer is eating into the vitals of our social system in the shape of crowds of people growing up in neglect and ignorance, rapidly ripening into crime, too many of them destined to form the chief population hereafter of our gaols and Penitentiaries. (p. 943)

It is of significant interest to note that this statement was made in 1857.

The issues surrounding children and antisocial behavior are compelling ones for researchers, educators and other professionals as events in our society continue to heighten our awareness of and deepening concern with this complex societal problem. The enormous economic and social costs are clearly evidenced by the strains placed upon the health, social services, education and judicial systems in their efforts to contain and resolve the multiple problems stemming from antisocial behavior and delinquency.

A Research Perspective

Current research studies in the area of developmental psychopathology offer promising avenues to investigate and better understand the complexities of the issues involved in antisocial behavior as well as to suggest possible directions towards more effective long-term solutions. Research studies have established robust findings in the areas of incidence, early detection and prediction, and the distinct nature of developmental pathways in the development of antisocial behavior.

Empirical evidence strongly supports several general assumptions about chronic delinquency. It can be identified at an early stage, it is a stable persistent pattern, it co-exists with several other risk factors, and certain protective factors can mediate or lessen the effects of early risk factors (Campbell,1995; Lahey et al.,1995; Moffitt,1993; Rutter,1994; Tremblay, Zhou, Gagnon, Vitaro, & Boileau,1995; Yoshikawa,1994). Prevalence studies of school age children commonly report that boys show a preponderance of antisocial behavior and by 8 years of age, the ratio of 4:1 boys to girls is often cited in the diagnosis of conduct disorder (Kavanaugh & Hops,1994; Patterson, Dishion, & Chamberlain,1993; Routh,1994). Campbell (1995) cites research findings with preschoolers indicating that patterns of externalizing behavior which are identified in preschool often persist and stabilize by age 8 and that further, these problems are more likely to persist in boys than in girls. Sanson, Prior, Smart and Oberklaid (1993) suggest that gender differences in aggression and antisocial behavior are among the most reliable and best established findings in developmental and clinical psychology.

Further empirical evidence exists for the powerful effect of parenting (as observed in parent-child interactions) on the outcome of antisocial behavior (Campbell,1995; Frick,1994; Moffitt,1993; Patterson,1986; Yoshikawa,1994). In extensive research conducted over the past 20 years, Patterson and his colleagues (deBaryshe, Patterson, & Capaldi,1993; Patterson,1982; Patterson,1986; Patterson et al.,1993; Patterson, Reid, & Dishion,1993) have constructed a model which proposes that antisocial behavior results from a coercive cycle of parent-child interactions. Child factors such as temperament and parenting factors such as ineffective discipline are mediated through parent-child interactions. The researchers report that parenting and family interaction variables account for 30 to 50 % of the variance in child antisocial behavior (deBaryshe et al.,1993; Patterson,1986). In a review of recent research on behavior problems in preschool children, Campbell (1995) underscores the critical importance of parenting variables and the family context in the early years, when parents have the highest degree of influence over their children. She further notes the significance of parenting factors in helping to define problem behaviors and in predicting likely outcomes in the future.

Research findings in early intervention emphasize the importance of the early detection of antisocial behavior along with the implementation of broad-based interventions which provide a family focus (Kingston & Prior,1995; Moffitt,1993; Yoshikawa,1994; Zigler,Taussig, & Black,1992). Yoshikawa (1994) contends that effective programs can achieve long-term prevention of antisocial behavior through short-term protective effects on multiple risk factors.

Protective effects leading to reduced antisocial behavioral outcomes, would target family functioning factors such as parent training and child factors such as early education in cognitive skills and social competence. The emphasis on general development and enhancement of skills is based upon an ecological model in which resiliency balances risk, rather than upon a focus on pathology or deficit alone or within a single context such as family or school (Liddle,1994). The model is based upon an ecological approach to human development first explicated by Bronfenbrenner (1979) and recently revised and expanded (Bronfenbrenner & Ceci,1994).

Statement Of The Problem

Research in antisocial behavior has been a high priority in fields of medicine, sociology and psychology; however, there seem to be some important aspects which have been given less priority in the research.

Antisocial Behavior in Early Childhood

An area in which research has been minimal has been in the investigation of antisocial behavior in the early childhood years. Until very recently, age limitations in sample selection, with restrictions to older children, were as apparent as gender limitations. The importance of a developmental perspective has been recently reflected in the results of longitudinal studies of antisocial behavior involving children from infancy to school age (Kingston & Prior,1995; Sanson et al.,1993). Recent work by Shaw, Keenan, and Vondra (1994) presents findings on children as young as 12 months of age. Of particular note is the common finding of the transformational nature of behavior problems; in other words, antisocial behaviors change with age. What is manifested as demandingness at 12 months becomes aggressive behavior at 18 months and externalizing behavior at age 3 years (Shaw et al.,1994), and the onset of antisocial behavior can occur at different ages, including 2- to 3-year-old onset, school-age onset and adolescent onset with varying behaviors (Kingston & Prior,1995; Moffitt,1993; Tremblay et al.,1995).

In terms of detection and intervention, it would seem essential to identify specific behaviors at each age onset. More importantly, it would seem essential to identify target behavior patterns in very young children and their parents (through parent-child interactions) in terms of providing effective early intervention. Campbell (1995) addresses these issues in a review of the most recent research on problem behaviors in children in early childhood. According to her conclusions from the research, identifying specific child and parent characteristics is not adequate for the early years; they must also be framed within the developmental context and the family context. Campbell further concludes that the research has not been able to answer the question of directionality; that is, do child or parent factors exert more influence in the development of antisocial behavior. However, there is a clear trend towards conceptualizing parent-child interactions in the early years as a reciprocal transactional process, each one affecting the other, which are framed in contexts both within and outside of the family (Kochanska,1995; Seifer, Schiller, Sameroff, Resnick, & Riordan,1996; Wahler,1990).

Gender Issues

Although researchers appear to agree that gender differences in antisocial behavior are both apparent and important, the overwhelming majority of studies in the development of antisocial behavior focus solely upon males. Several studies clearly state that despite the robustness of their findings, they are not generalizable to girls (deBaryshe et al.,1993; Moffitt,1993).

In a recently completed 10 year longitudinal study of early predictors of delinquency, Tremblay and his colleagues in Montreal state that for reasons of economy and efficiency, they did not include girls in the study and thus did not attempt to explain why boys are more aggressive than girls (Tremblay et al., 1995). Lahey and Loeber (1994) confirm gender differences in conduct disorders but warn that because much less is known about developmental patterns in girls as in boys, it is questionable to generalize from males to females. They indicate the likelihood of key differences between sexes in terms of onset and degree of aggression and strongly recommend the need for research specific to girls. Kavanaugh and Hops (1994) and McMahon (1994) fully support these same concerns.

In his extensive review of the research on delinquency risk, Yoshikawa(1994) also points out that most evidence is unfortunately restricted to boys. He cites longitudinal research from comprehensive risk studies which suggest that early predictors of male and female delinquency may differ.

Patterson et al. (1992) indicate that the generalizability of their findings is limited by the fact that their samples were restricted to boys as well as to the ages of 9 years and above.

As a result of this research bias which excludes girls, little research has been conducted which can offer more insight into critical questions such as : How is it that, by approximately 8 years of age, 4 times as many boys as girls exhibit problems in antisocial behavior?; Are there specific psycho-social processes or contexts at work which serve to protect girls from antisocial behavior yet place boys at risk at certain ages? Kavanaugh and Hops (1994) pose an important question related to gender differences and antisocial behavior: "Do the disproportionately higher rates of specific disorders for boys (e.g., conduct disorder) and girls (e.g., internalizing/depression) reflect actual events, the perceptions of those referring, or inappropriate measurement units?" (p.47).

A review of the most recent research findings on behavior problems and gender differences in the preschool years indicates inconsistent findings overall (Campbell,1995). Gender differences are not as marked in preschool years but by school age, higher rates of externalizing problems emerge for boys while by adolescence, girls show higher rates of internalizing problems. At this point, studies of preschoolers do not appear to clarify when these gender differences emerge. Several researchers (Campbell,1995; Kochanska,1995) suggest the possibility of multiple pathways to common developmental outcomes at later ages, and the need for further research to differentiate and delineate those pathways.

Antisocial Behavior and the Parent Perspective

An equally important gap in the research on antisocial behavior relates to the incorporation of the parent perspective into studies. There is substantial evidence to confirm the importance of parent perceptions and parent belief systems on parent-child interactions and child behavior outcomes (Gardner,1994; Johnson & Mash,1989; McGillicuddy-De Lisi,1992). In a thorough review of the research on parent attributions for their children's behavior, Miller (1995) cites extensive evidence for how parental beliefs and judgments about their child's behavior affect their own behavior towards the child, and thus affect developmental outcomes of the child. There is considerable research emerging with regard to the importance of proximal and distal frames affecting parent perceptions of child behavior, both in terms of the temporal context of past experiences and the context of other relationships (Fox,1995; Miller,1995; Wahler,1995; Wahler & Sansbury,1990).

Both Campbell (1995) and Miller (1995) cite the need for research that no longer looks only at isolated aspects of parent thinking such as parent discipline, but incorporates other important dimensions of parental thinking such as affect, beliefs, and parent-child attachment. Miller recommends combining those affective and cognitive dimensions through a research emphasis on the "connectedness" of parental thinking, a focus on the overall view as well as through the study of actual ongoing parent-child interactions. An in-depth qualitative approach focusing on the importance of individual meaning and interpretation would align with those suggested research goals. However, the majority of researchers have utilized outside observers to code and analyze parent-child interactions (Fagot & O'Brien,1994; Patterson et al.,1992; Shaw et al.,1994). The question of the accuracy and validity of parent reports has been vigorously debated (Patterson et al.,1992; Sanson, Smart, Prior, Oberklaid, & Pedlow,1994). The fundamental issue seems to relate to which is more important: the child's actual behavior or the parent's perception of that behavior. Again, the conceptualization of complex reciprocal interactions between parent and child alleviates the need for a unidirectional approach.

The study by Shaw et al. (1994) illustrates another important research problem. The researchers reported clear differences in the interactional patterns between mother-son and mother-daughter dyads with very young children. The researchers noted however, that their sophisticated observational techniques did not seem to uncover significant factors in mother-daughter interactions. They suggested the need for further research to illuminate such processes.

It is possible that while observational studies may yield excellent data from well-trained reliable outside observers, the parent's perspective of parent-child interactions can be considered as a different but equally valid way of knowing. An in-depth description of the parent's experience may serve to offer new information, from an "inside" view, which can complement and enhance the professional judgment of outside observers. Furthermore, it may be more fruitful to move away from the question of the accuracy of each perspective towards utilizing those differences in perspectives in order to facilitate positive change for children with behavior problems and their families.

By combining the two perspectives or views, it may be possible to create a third perspective which offers richness and depth. To paraphrase Stainback and Stainback (1984), combining two different views can yield binocular vision which, as we know, provides us with the new ability of depth perception.

Statement of Purpose

The study of parent-child interactions in the development of antisocial behavior has proven to be a rich source of information in expanding our knowledge and understanding of a complex societal problem which is costly both in economic and human terms. However, to this researcher's knowledge, no studies to date have utilized the parent's perspective and experience in order to shed light on the complexities of the parent-child interactions with children, including girls, who are exhibiting antisocial behavior at a very young age.

The present study was designed to utilize the parent perspective to investigate parent-child interactions related to the development of antisocial behavior in young (preschool) boys and girls. It represents an attempt to better understand the subtle and complex patterns of parent-child interactions in mother-son and mother-daughter dyads in children with severe behavior problems. The study attempted to accomplish this goal through a qualitative analysis of the mothers' experience of parenting, based on data emerging from open-ended interviews and videotapes of parent-child interactions.

Organization of the Study

The foregoing introduction has provided the reader with a perspective drawn from research, in order to clearly define the problem and state the purpose of the study.

The next chapter provides a more comprehensive review of the literature and includes the theoretical framework and relevant research findings in the following areas of antisocial behavior: identification, etiology and developmental pathways, parenting and antisocial behavior, and parent perceptions and belief systems. The review is followed by research questions and the research design of the study.

The section on methodology begins with an overview of the philosophical foundations of phenomenological research and a rationale for the use of a qualitative research approach. This is followed by a discussion of the validation of the study, a description of participant selection, data sources, and procedures that were used for collection and treatment of the data.
The section concludes with a description of ethical issues related to the study and the preliminary study.

Chapter 4 provides a detailed explication of themes emerging from the analysis of the results while Chapter 5 offers a discussion of issues related to the linking of the results of the study with established research, along with implications for intervention and for future research. The final section of Chapter 5 illuminates the personal reflections of the researcher as a result of being a part of the ongoing process of this research project.

CHAPTER 2

REVIEW OF THE LITERATURE

The major purpose of a literature review is to link relevant research and theory to the study undertaken. This study is conceptualized within the broad theoretical framework of an ecological model of development. The literature is reviewed with a focus on that same framework. In this chapter, an explication of the theoretical framework is provided, followed by relevant research findings related to behavior disorders which include the already highlighted areas of early childhood, parent perspective and gender.

Theoretical Framework

Many current theories do not conceptualize antisocial behavior or behavior disorder as a unitary outcome due to a singular cause. Rather, they offer support to the construct of the co-occurrence of a number of risk factors and mechanisms based within multiple systems of the individual, family and community (Moffitt,1993; Patterson et al.,1992; Rutter,1994; Yoshikawa,1994).

An Ecological Model of Development

These theories draw from the ecological approach originally proposed by Bronfenbrenner (1979). In describing the complex interactions between individuals and their environments, he proposes a systems model to explicate the ecological nature of processes of human development. Rather than viewing the individual in isolation or only in one domain, Bronfenbrenner suggests a model of multiple and overlapping systems in which individual development is embedded. According to the author, these dynamic self-organizing systems are organized around underlying interactive processes of development both within and across contexts, which change and produce diverse outcomes across individuals, contexts and periods of development. Further, these processes can operate in either a negative or positive manner, with negative effects described as risks or vulnerabilities and a positive effect described as protective, buffering or enhancing.

This model is in contrast to earlier behavioral genetics models of human development which tended to identify traits or characteristics which resided either solely within the individual or solely within the environment and which remained constant and unchangeable throughout the course of development and across all contexts. Such models have been criticized as being incomplete by virtue of their limited focus on the research question of "how much," in terms of determining genetic vs. environmental impact (Baumrind,1993; Bronfenbrenner & Ceci,1994; Rutter,1994; Rutter & Rutter,1993). These authors suggest the research focus should be upon the question of "how"- how actual environments or contexts interact with organismic/genetic factors to determine human development. Baumrind contends that studies which address "how much" of genetics or environment do little to explain individual differences or diverse patterns of individual development. Such research offers little help in understanding how to nurture development or tailor interventions to specific needs and gives little credence to the diversity and power of the environment to affect the individual.

In a recent refinement of the model, Bronfenbrenner and Ceci (1994) attempt to further explicate the "how" question in proposing a bioecological paradigm of human development which is based upon mechanisms of organism-environment interaction called proximal processes, and which they claim can be directly measured. Proximal processes are dynamic forces which are " the primary engines of effective development" (p.572). They reflect the reciprocal bi-directional nature of processes between the organism and the environment; one changes the other: "The realization of human potential requires intervening mechanisms that connect the inner with the outer in a two way process that occurs not instantly, but over time" (p.572). The authors offer parent-child interactions as an example of a proximal process.

These processes must reflect the diversity and changeability of human development. As such, the form, power, content and direction of the proximal processes effecting development vary systematically as a joint function of the characteristics of the person, the environment and the nature of the developmental outcomes. Rutter and Rutter (1993) confirm the critical importance of referring to mechanisms or processes rather than factors to account for the fact that the same variable (such as parent-child interactions) can create risks in some circumstances but have a protective effect in others.

From the viewpoint of understanding parent variables, child variables and antisocial behavior, it is important to characterize the organizing construct as a dynamic process or underlying mechanism, such as a proximal process, rather than solely as markers or characteristics. Rather than viewing factors or characteristics such as SES level or gender as having a direct influence on the outcome of antisocial behavior, it is important to examine the connection between those factors and antisocial behavior through the mediating mechanism or process of parent-child interactions leading to different outcomes. Such a construct offers the possibility of answers as to how the same variable of parent-child interaction may have different effects on boys and girls or how it may lead to different outcomes at different periods of development. Rather than using an "either or" approach (biological or social), this "both and" model better represents the dynamic interactional nature of development. The conceptual framework for the study is thus established within an ecological systems approach.

Developmental Interactionism

The ecological model, which proposes reciprocal processes of interaction between the individual and the context or environment, has received support in fields other than Educational Psychology in an attempt to better understand the complexities of human development. In a paper critiquing heritability studies, Wahlsten (1994) describes the emergence of developmental interactionism to understand the effect of genes on behavior. Wahlsten stresses the importance of context in mediating gene-environment interactions which are reciprocal in nature and describes the process as the "dialectical interplay of the internal and external" (p.254). He points out that there are many social filters between the cellular level (the level at which genes have a direct influence) and behavior. Wahlsten concludes with a powerful statement illustrating an ecological model of biology, environment and behavior:

> attempts to dichotomize are continually defeated by new discoveries of how experience sculpts the pattern of synaptic connections in the cerebral cortex, how behavior actively modifies and selects the environment, and how social interactions of the individual modulate the metabolic activities of genes. (p.254)

Other researchers would agree with Wahlsten's developmental interactionism model. At a recent meeting which brought together researchers from various areas of brain research, genetics, animal and human physiology and psychology, the issues of understanding aggressive behavior in children were addressed from all perspectives (Ferris & Grisso, in press). The general consensus of the researchers was that the three perspectives of biological, psycho-social and socio/environmental factors needed to be exposed to each other in a reciprocal interactional model where these factors play a role through each other, changing over time, rather than individually causing an outcome of aggression.

Social Constructivism

An ecological approach to human development is situated within the philosophical paradigm of social constructivism. Social constructivism is based on the assumption that individuals construct meaning within social contexts through the interpersonal medium of language (Mahoney,1991). It occupies a well-respected place in theories of psychological development, psychotherapy and human change processes and includes Pea's (1993) theory of distributed intelligence as well as several schools of narrative psychotherapy (Anderson,1993; Tomm,1989; White & Epston,1990). The philosophical approach of phenomenology fits within the paradigm of social constructivism and serves as the basis for many qualitative research methods, as it does for this study.

A Model of Antisocial Behavior

The developmental model of antisocial behavior developed by Patterson et al. (1992) is based on Bronfenbrenner's (1979) ecological approach. It has received strong research support for the explication of a coercive cycle of parent-child interactions leading to the outcome of child behavior problems. The model serves as a solid foundation for understanding the impact of child and parent factors through the powerful process of parent-child interactions, embedded within the contexts of family, school and community and as such, will be used in the conceptual framework of the proposed study. Several longitudinal studies which have focused on young children have used the

Patterson model as a theoretical base (Caspi, Lynan, Moffitt & Silva,1993; Kingston & Prior,1995; Sanson et al.,1993). Researchers have expanded the Patterson model beyond the aversive exchanges between parent and child, to include factors of maternal responsiveness and sensitivity to the child's affect and behavior, and to the impact of asynchrony or mismatch between parent and child responses, on outcomes of antisocial behavior (Dumas & Wahler,1985; Kochanska,1995; Seifer et al.,1996).

Relevant Research on Behavior Disorders

Research studies have established robust findings in the areas of incidence, early detection and prediction, etiology and the distinct nature of developmental pathways in the development of antisocial behavior. Although there is considerable overlap in the majority of studies reviewed, research findings will be presented within separate areas.

Incidence, Early Detection and Prediction

Research findings repeatedly show an incidence rate of approximately 5 to 7 % of the population as diagnosed with antisocial behavior or conduct disorder (Moffitt,1993; Patterson,1982; Yoshikawa,1994). This holds true across cultural contexts in Canada, China and England (Ekblad,1990; Offord, Alder, & Boyle, 1986; Rutter,1979; Wang, Shen, Gu, & Jia,1989).

The early detection of antisocial behavior has been well supported by research evidence as has the fact that it is a stable persistent pattern (Campbell,1995; Yoshikawa,1994). In a comprehensive meta-analysis of early predictors of delinquency in boys, Loeber and Dishion (1983) highlighted the essential nature of the family context in their conclusion that at the early age of 6 years, composite measures of parental and family factors, including discipline and supervision, were the most powerful predictors of delinquency. These factors were more powerful than other risk factors such as child behavior, academic performance, SES or singular measures of parenting.

The importance of the developmental context was highlighted earlier by Rutter (1978) when he reported changes in best predictors at different developmental stages. The author concluded that family characteristics, including parenting, were both the earliest and among the best predictors at early ages (6 years) whereas specific behavior problems and academic performance took on added power as predictors at ages 9 and 15 years respectively. In two recent longitudinal studies of early predictors of conduct disorder (Lahey et al.,1995; Loeber, Green, Keenan, & Lahey, 1995), developmental issues were also addressed in the findings that factors related to onset may not be the same factors related to persistence of the disorder. The best predictors of the onset of conduct disorder (CD) were low SES level, parental substance abuse, a history of oppositional behavior, especially physical fighting and parenting factors such as boy's resistance to discipline, parent's inconsistent discipline and poor supervision. The combination of a parental history of antisocial personality disorder (APD) and a child history of lower verbal intelligence reflected highly persistent conduct disorder.

Offord (1995) provides a Canadian perspective on the early identification and the persistence of conduct problems in children. He notes a growing "casualty class" of children with an earlier onset of problems in the age group of 4 to 11 years, at a ratio of 6.5 boys to 1.8 girls, along with the presence of other disorders such as attention deficit with hyperactivity (ADHD) and emotional disorders. He points out the later onset of conduct disorders in girls. Offord states that 50 % of antisocial children show serious difficulties as adults: "When it [conduct disorder] onsets in childhood, it heralds a lifetime of suffering."

In a recently completed 10 year longitudinal study of early predictors of delinquency, Tremblay et al. (1995) identified stable patterns of aggressive behavior detectable in 5 year old boys. Child characteristics of reactive temperament, hyperactivity and physical aggression along with higher family adversity factors (single mothers, mother below 21 years of age) identify boys who are more likely to become and remain violent. Tremblay found a small (6%) but stable group of boys that still ranked as the most violent at ages 10 to 12 years. Moffitt (1993) and Yoshikawa (1994) also describe a small group (5 -7 %) of extremely aggressive children (age <7 years) who remain extremely aggressive and are responsible for a disproportionate amount of crime (50-62 %). In a review of recent research on behavior problems in the preschool years, Campbell (1995) confirms that behavior problems identified early often persist. She further notes that family adversity factors such as poverty and parent depression, and child factors of temperament and biological predisposition, act as powerful risk factors which have an additive effect in the development and maintenance of behavior problems in children.

Despite strong evidence for the early identification of antisocial behavior, the tremendous diversity in individuals suggests the possibility of multiple pathways to a similar outcome of antisocial behavior. Accounting for the wide range of individual differences requires an interactional model which not only considers family and other social contexts, but also embeds processes within the developmental context, where changes are seen over time and at different periods. Along this line, Moffitt (1993) postulates a developmental taxonomy of antisocial behavior which differentiates between life-course persistent antisocial behavior and adolescent-limited antisocial behavior. According to Moffitt, life-course persistent antisocial behavior begins in early childhood and adolescent-limited antisocial behavior begins and ends in adolescence. The two groups show distinctive developmental histories. Moffitt suggests two serious errors reflected in previous research: a mixing together of these two very distinctive groups of young people, and the restriction of the study of delinquency to adolescents when in fact, early developmental history, i.e., onset in childhood, is critical to the identification of persistent antisocial behavior. The case for early identification and intervention is well documented by Moffitt. She notes the repeated finding that the age of onset of antisocial behavior is the single best predictor of adult criminal outcome. It is important to note that Moffitt's taxonomy is based on male samples.

In all of the research studies noted, common limitations are apparent. With the exception of Offord (1995), the samples were restricted to boys and to clinical cases. As well, there were wide variations in symptoms which created measurement issues reported by researchers.

The need for longitudinal research in the onset and persistence of aggression in very young boys and girls has been more recently addressed by researchers. Shaw et al. (1994) attempted to explore the earliest manifestations of aggressive behavior, described as developmental precursors, by observing mother-child interactions in structured situations. In studying boys and girls, there were no gender differences in the frequency of child behaviors but differences were clearly evident in their interaction patterns with the parent. The authors found that in boys, externalizing behaviors at 3 years of age could be predicted from aggression at 24 months and that this behavior could be predicted from child noncompliance at 18 months. With boys, a clear overt pattern of parent-child interactions emerged: persistent demandingness at 12 months (a measure of temperament) combined with a pattern of maternal unresponsiveness led to externalizing behaviors. For girls and mothers, the pattern was more subtle and complex. Both externalizing and internalizing behavior problems were associated with aggression at 24 months, which was related to noncompliance at 18 months. As far as parent-child interactions, factors of maternal age and educational level were associated with externalizing behaviors in girls, a pattern quite different from boys and their mothers.

Kingston and Prior (1995) report results of a study of young boys and girls from infancy to primary school drawn from a community sample rather than a clinical sample, which followed the development of 2400 infants over an 8 year period. According to their findings, aggressive children could be identified as young as 2 to 3 years of age and a substantial portion persisted into school years with continuing social adjustment problems and academic problems, specifically in reading. Consistent with other research cited, aggressive and non-aggressive children were differentiated on the basis of the combination of two factors: difficult temperament characteristics and family interaction factors. Interestingly, the strongest discriminating variable was the maternal perception of the child as difficult, followed by harsh discipline practices. As a downward extension of Patterson's model to the early years, the study presents clear support for his model of the association of child temperament with family interactions leading to the development and maintenance of aggressive behavior across contexts of home and school. Gender differences in behavior patterns and parent-child interactions were clearly evident in this study although Campbell (1995) cites other research findings of no gender differences in young children with behavior problems.

The studies reviewed emphasize the importance of child temperament and parent-child interactions, situated within family and developmental contexts, in the early identification and persistence of antisocial behavior. Although the majority of studies were restricted to boys, the two studies which did include girls showed clear gender differences in parent-child interactions and child behavior patterns. However, the finding of gender differences is reported to be inconsistent in young children with behavior problems.

Etiology of Antisocial Behavior

The question of causes of antisocial behavior has prompted vigorous debate as to whether aggression arises mainly from biological predispositions or whether socialization processes are of primary importance. Few researchers hold to the absolutist view of either biological or socialization factors that was nurtured by early heritability studies which separated genetics and environment.

The emerging research picture encompasses an interactional view of biological/physiological factors in a reciprocal dynamic relationship with environmental factors, the results of which are specific to contexts such as age, gender and social system(family, school, community). For simplicity of presentation, relevant research is organized around a biological focus followed by a focus on socialization processes .

Genetic contributors to antisocial behavior.

The adoption and twin studies by Mednick and his colleagues are often cited (DiLalla & Gottesman,1991; Hackler,1994) as evidence that genetic factors are involved in antisocial behavior. Both these authors interpret the results to suggest an interactional effect of both genetic and environmental influence on criminal outcome. DiLalla and Gottesman conclude that genetic factors play a larger role than environmental factors. However, Hackler concludes that more recent and better designed genetic studies suggest that only a very modest portion of antisocial behavior can be accounted for by genetic or biological structures and that criminal outcome is more a product of social structures such as SES levels as well as processes of social interaction. He further contends that such studies do not suggest a direct link between genes and the social behaviors of crime. Widom's (1991) analysis would support Hackler's conclusions.

Wahlsten (1994) critiques heritability studies for creating an artificial separation of genetics and environment in order to satisfy assumptions of formulae used in mathematical calculations. As noted earlier, Wahlsten advocates an approach of developmental interactionism based on the reciprocal interactive relationship between genes and environment. He describes the lack of constancy or specificity in the genetic-environmental realities of human development. Fluctuations and changes in both over time mitigate against singular fixed relationships between the two. Therefore it is highly unlikely that a single gene can be linked to a complex social behavior such as aggression because: first, direct genetic effects are at a molecular level and are translated to a psychological level through social/cultural experiences; and second, the majority of genes are nonspecific, i.e., they are the same in all people, and genetic studies focus solely on the 5 % that are different.

Lomboso, Pauls and Leckman (1994) also question the validity of conclusions from twin studies. They note the assumption that a shared environment has the same effect on identical twins is questionable, given evidence of differences even in the same intrauterine environment. They note there are never 100% concordance rates in twin studies and suggest a basic assumption must now be that environmental influences affect how a specific genetic vulnerability will be expressed. The authors report that an analysis of genetic studies of conduct disorder do not show major gene involvement as do other conditions such as Tourette's syndrome and autism. Recent studies in neurophysiology further support a process of developmental and reciprocal interactions. There is evidence that behaviors such as reactions to aggression can trigger early gene expression and cause long-lasting changes in neurochemistry, therefore it is no longer true to say that genetics determine behavior in a unidirectional manner (Ferris,1995; Miczek,1995).

Studies of genetic contributors to antisocial behavior have been done from an historical or cross-generational perspective. The transmission of aggression across generations would suggest the operation of genetic influences. Frick (1994) reviewed family history studies and twin studies and concluded that while the small number of studies done on children do not allow for conclusive statements, there is sufficient evidence of the possibility of genetic influence, especially in severe conduct disorders in children.

In a study of aggression across three generations, Doumas, Margolin and John (1994) analyzed males and females separately and found clear gender differences. While exposure to aggression was predictive of aggression in males across all three generations, this was not the case with females. The authors speculated three possible mechanisms of genetics: acquisition through learned behavior, and familial and societal attitudes. An ecological interpretation would suggest all three are important in the interaction of genetic and environmental factors across various contexts.

The studies reviewed are limited by the fact that the majority have been conducted on an adult clinical sample. The fact that genetic factors are not predictable nor steady in their effects across ages suggests caution in the downward extension of results to children.

Neurophysiological contributors to antisocial behavior. Studies of neurophysiological factors related to antisocial behavior include the investigation of neurotransmitter substances such as serotonin and epinephrine, and neurohormones such as testosterone and cortisol. A review of such studies by Lahey, Hart, Pliszka, Applegate and McBurnett (1993) points out limitations which suggest cautious interpretation of findings. First, the majority of studies are restricted to boys thus little information is available on neurophysiological correlates in girls. However, it has been recently suggested that the major difference between genders is in their sensitivity to particular neurotransmitters and hormones (Ferris,1995). Second, there are methodological problems related to small samples, lack of standardization in measurement, and the use of a clinical sample, most often adults who are violent repeat offenders. The authors suggest that neurophysiological correlates are likely most clearly linked to the most severe and persistent conduct disorders, which involves a small sample of about 6 %, and in which the overall outcome is affected by developmental course. Despite these limitations, the studies do show some interesting directions for future research. More recent research from human and animal laboratories reflect more sophisticated measurement techniques.

Studies of serotonin levels suggest that lower serotonin levels are correlated with physical aggression (DiLalla & Gottesman,1991). Lahey et al. (1993) acknowledge that abnormalities in serotonin activity are related to aggression in children but stress the relationship is complex.

Many authors routinely refer to evidence which exists for the importance of testosterone in influencing aggressive behavior in males (DiLalla & Gottesman,1991; Garza-Trevino,1994). However, concerns regarding methodological limitations are causing researchers to question the strength of these conclusions (Eichelman,1992, Lahey et al.,1993). Recent research (Simon,1995) suggests that there are multiple regulatory pathways whereby testosterone and other hormones such as estrogen affect male aggression. However, tremendous diversity enters the picture because not all males have all pathways and these hormones serve a variety of changing functions.

The importance of the social and developmental contexts in neurochemical reactions is reflected in the recent findings of two researchers. Tremblay (1995) found that physically aggressive boys had lower levels of testosterone and poorer abilities in planning and self-regulation while successful non-aggressive boys tested with higher levels of testosterone. He concluded that aggression may not be caused by higher levels of testosterone, but that behaviors of success and winning affect hormones and boost testosterone levels. Noting how behaviors at critical periods such as puberty can affect hormone levels, Susman (1995) suggests that social and cognitive competency may be protective against aggressive behavior.

An interactive model of neuropsychology and environment. Moffitt (1993) presents a well-documented case for the link between neuropsychological deficits and persistent early-onset antisocial behavior. She defines neuropsychological deficits as anatomical structures and physiological processes which influence psychological characteristics such as temperament, behavioral development and cognitive abilities. Moffitt argues that both genetic/biological factors and environmental factors interact and affect each other. As a result, subtle neurological deficits such as low birth weight or difficult temperament (related to genetic- prenatal interactions) continue to interact with environmental risk factors from the structural and social aspects of the environment such as low SES level, poor parenting, and criminal background:

> the juxtaposition of a vulnerable and difficult infant with an adverse rearing context initiates risk for life-course persistent antisocial behavior...[in a] transactional process in which the challenge of coping with a difficult child evokes a chain of failed parent-child encounters. (p. 682)

Moffitt stresses the importance of evocative interaction where the child's behavior evokes a distinct response from parents, underscoring the truly reciprocal nature of parent-child interactions leading to antisocial outcomes. Moffitt further emphasizes the continuous process of reciprocal interactions between personal traits and environmental reactions to them across multiple domains, which diminishes the likelihood of change.

Yoshikawa (1994) confirms Moffitt's model and extends it by describing the cumulative effects of protective factors such as early education, strong parent-child relationships and improved parenting practices in reducing the impact of these negative trait-environment interactions. Moffitt's view also fits in well with Patterson's developmental model of child/parent variables interacting with environmental factors through the process of parent-child interaction (Patterson et al.,1992).

Socialization processes and antisocial behavior. There is a substantial body of research that focuses on the contribution of socialization processes to the outcome of antisocial behavior, and which reaches the general conclusion that socialization processes exert a more powerful influence than do individual traits residing in the parent or child. The research focuses on the family as the prominent context for early and continuing socialization processes leading to antisocial outcomes.

Sampson and Laub (1994) conclude that fundamental causes of delinquency are rooted in family processes related to supervision, attachment (parent-child relationships) and ineffective parenting practices, all of which fall under the label of informal social controls. Factors of parent and child disposition and structural/contextual factors such as poverty or SES level, family size are mediated by these family processes. The authors suggest that factors such as poverty or SES level do not directly cause antisocial behavior but reduce family social control processes which then affect antisocial outcome.

In a review of research on family dysfunctions and behavior disorders, Frick (1994) concludes that an emphasis on factors within the family affecting antisocial outcome is well placed. Since the focus on socialization processes seems to relate most specifically to parenting, this research will be reviewed in a separate section on parenting and antisocial behavior.

The foregoing review of the research on genetic/biological and environmental contributors to antisocial behavior confirms the strength of an ecological approach. In such an approach, both genetic and environmental contributors are seen to play a vital role. However it is the interaction between the two and the contexts in which these processes occur over time that is key to our understanding of how antisocial behavior develops and persists. Research findings generally suggest that although both must be considered, socialization processes exert a more powerful influence than do genetic/biological factors.

Developmental Pathways and Antisocial Behavior

There is considerable research to suggest distinct developmental pathways to the outcome of antisocial behavior which are specific to age and to gender.

Age-specific pathways. Moffitt's (1993) taxonomy of antisocial behavior, as described earlier, offers the most comprehensive theory of early onset and late onset antisocial behavior. Offord (1995) refers to both early and late onset (adolescent) antisocial behavior and Yoshikawa (1994) draws attention to the variation and fluctuation in antisocial behaviors at different ages and different contexts, primarily citing research related to the Patterson model. As Loeber and Dishion (1983) stated, the early predictors of delinquency relate to family variables while at older ages, factors related to academic achievement and peer relations become more prominent.

In a downward extension to the early childhood years, research by Shaw et al. (1994) also attests to the transformational nature of antisocial behavior; it changes with age. These findings point to the need for distinct interventions at various points of development rather than at only one age range such as school-age or adolescence.

Gender-specific pathways. The research on gender-specific developmental pathways to antisocial behavior is based primarily on males. In the absence of studies on girls, researchers have relied on the 4:1 prevalence ratio to hypothesize very different developmental pathways for boys and girls to antisocial behavior. Results from some longitudinal studies are available while research on gender differences related to depression, and sociological studies are also instructive.

Prior, Smart, Sanson and Oberklaid (1993) specifically analyzed gender differences in aggressive children in their longitudinal study and hypothesized that if innate biological factors are salient, sex differences in aggression should be apparent from early in life. If socialization experiences are more important, sex differences in social interaction behavior such as aggression should increase with age as the child is exposed more to external factors. Results of this study showed few differences in infancy between boys and girls in terms of problem behavior but in time, greater differences emerged and by age 8 years, boys became increasingly more difficult in terms of compliance, hyperactivity and were more prone to language, motor and social development delays. The authors concluded that the results could be explained more by socialization processes rather than by biological explanations, adding support to Patterson's social interactional model. The authors cited differing parenting practices: parents were more punitive with boys and held differing expectations, reinforcing nurturing co-operative behavior in girls and providing a more tacit reinforcement of aggression in boys. Campbell (1995) acknowledges the finding of gender differences by Prior et al. (1993) but concludes that overall, the bulk of evidence suggests gender differences in behavior problems are not significant in early childhood.

A number of researchers cite the importance of social context to explain gender differences in aggressive behavior. Kavanaugh and Hops (1994) and Hops (1995) reviewed the research on gender specific pathways to depression and antisocial behavior. They suggest that differences in outcome may be the result of different social contexts that either nurture health or pathology in boys and girls. They note the fact that boys exhibit more externalizing behavior in early to middle childhood while girls display more internalizing problems in adolescence. The authors question whether diagnoses of conduct disorder and depression may be biased by gender-specific cultural expectations as well as instruments which also reflect gender-specific biases.

Kavanaugh and Hops (1994) cite research that shows gender differences in influencing others; boys use aggression and direct confrontation and are reinforced for it while girls are reinforced for using compliments and imitation to influence others. They hypothesize that women (and girls) are socialized and reinforced by stereotypes of dependence and emotionality and thus learn to use depressive behaviors to influence others. This view would be aligned with feminist theories of women's psychological development (Gilligan,1993). They then go on to suggest two kinds of aversive behavior: aggressive, which boys use; and depressive or distressed, which girls use. The authors suggest this view fits with Patterson's coercive model whereby both aggressive and distressed behaviors are maintained by coercing compliance in others.

Hops (1995) suggests that girls are more sensitive to interpersonal factors across age ranges and may be more sensitive to intrafamilial stressors.

Other researchers also suggest that girls may be more sensitized to parental and environmental influences and query the possible significance of nonverbal emotional communication in mother-daughter interactions (Kochanska, DeVet, Goldman, Murray, & Putnam,1994; Prior et al.,1993). Given this frame, it is possible that aggressive behaviors of boys may be more visible than the different more subtle behaviors used by girls but both seek to exert control.

In drawing conclusions from the research on age and gender differences in the outcome of antisocial behavior, it would seem that in the majority of cases, these differences are more strongly affected by socialization processes and cultural expectations than by biological predispositions. Therefore, Patterson's social interactional model of antisocial behavior would appear to be appropriate for boys and girls at different ages.

Parenting and Antisocial Behavior

As stated in the introduction, there is substantial empirical evidence attesting to the powerful impact of parenting (as seen in parent-child interactions) on the outcome of antisocial behavior. Throughout the review of literature on etiology and development of antisocial behavior in children, the essential nature of parenting and the family context has been clearly evident.

In a rigorous review of research, Yoshikawa (1994) cites extensive evidence that parenting variables, including parenting style and degree of supervision, have significant direct effects on delinquency. In support of the powerful effect of parenting on antisocial behavior, Yoshikawa cites a meta-analysis of early predictors of delinquency by Loeber and Dishion (1983) as well as the research of Patterson (1982;1986) and Patterson et al. (1992), all of which have been cited in this literature review. Family structure variables arising from divorce and separation (number of parents, separation from parents, marital discord) have been shown to have indirect effects on antisocial behavior which are mediated by parenting variables (Rutter,1994; Sampson & Laub,1994; Yoshikawa,1994).

Moffitt (1993) also establishes a strong case for the essential role of parent-child interactions in the transactional process of child-specific factors of vulnerability interacting with family-centred factors of adverse parenting. These interactions initiate the risk for the life-course persistent pattern of antisocial behavior.

Research by Shaw et al.(1994), Prior et al. (1993), Sanson et al. (1993), and Kingston and Prior (1995) employed a broader sample by including girls in their samples and using a community (including non-clinical) sample. All of these studies showed the powerful effect of parenting, through parent-child interactions, on antisocial behavior outcomes.

Frick (1994) confirms the importance of the factor of parenting but questions whether the impact of parental antisocial personality disorder has been fully considered. Kavanaugh and Hops (1994) also point out the significance of maternal depression as a factor in antisocial outcomes. Several researchers have focused on the importance of parent factors of sensitivity and responsiveness, and child factors of temperament leading to asynchrony in parent-child interactions (Dumas & Wahler,1985; Kochanska,1995), with effects noted as early as the first year of life (Seifer et al.,1996). Overall, research findings strongly confirm parent-child interactions as a key context and determinant in the development of antisocial behavior in children.

Parent Perspective and Antisocial Behavior

As was stated in the introduction, the parent perspective has not often been incorporated into studies of antisocial behavior. There is an important research base related to parent perceptions and parent belief systems which bears scrutiny in our efforts to better understand antisocial behavior in children.

Parent perceptions and belief systems.

The impact of parent perceptions and belief systems on parent-child interactions has been well documented. McGillicuddy-De Lisi (1992) describes the impact of parent belief systems on perceptions of their child's behavior. Parent's beliefs about their own role as a parent, how children learn, the relative power of parents and children, and attributions about why children behave as they do are important; they all have a significant impact in determining parent behavior and ultimately, child outcome, according to the author.

In a review of the research on parent attributions for their children's behavior, Miller (1995) agrees with the general conclusion that parent attributions play an important mediating role between child behavior and parent response and that further, they are influenced by child factors such as age, and parent factors such as mood or depression. However, he presents a convincing argument for viewing attributions from an ecological perspective, seeing them as just one of many factors affecting parent affect and behavior, embedded in a complex process of multiple reciprocal interactions with each other. Miller notes reciprocal effects between parent and child and how behaviors can affect attributions. For example, a child's ongoing behavior may cause a change in the parent's attribution. He also notes reciprocal effects between affect and cognition, and the important effects of the child's interpretation of or attribution for the parent's behavior.

Miller (1995) points out that patterns of attributional effects are based on group comparisons but that individual attribution patterns show wide inter- and intra-individual variability. As well, researchers often supply lists of attributes to participants, assuming the outside view of perceptions and beliefs will match the inside view of the parent. He further notes that most studies rely upon parent recollections as data without using any actual parent-child interactions. Taking Miller's (1995) critique of these current research designs a step further, consideration should be given to in-depth studies of individual parent perspectives, in which parents are encouraged to generate their own personal meanings and articulate their beliefs and where, in addition, actual parent-child interactions are utilized. Utilizing a qualitative open-ended interview approach might provide insight into the parent perspective, not only of attributions but of other factors and contexts affecting their experience of parenting. Using videotape to capture actual parent-child interactions and then having parents offer their interpretations would increase the ecological validity of the study.

There has been considerable research support for the idea that a parent's perception of a child's behavior may exert a stronger influence than the child's actual behavior. This has been explored by researchers within the dimension of proximal and distal perspectives in attributions (Gardner,1994; Fox,1995; Miller,1995; van IJzendoorn,1995; Wahler,1995). Wahler (1995) describes how the proximal or near child-care context of parent-child interactions can be influenced by parent perceptions from more distal contexts such as family history, past experiences, or marital discord. Some parents are able to keep these domains separate in responding to their child's behavior, while other parents may blur proximal and distal contexts. Thus, distal events such as marital conflict can enter into the child-care domain and influence parent attributions for and perceptions of child behavior. Researchers suggest that the degree of coherency of discourse in parent narratives about proximal and distal contexts may be a critical factor related to the degree of parent sensitivity and the resulting synchrony or asynchrony seen in the parent-child interactions (Wahler,1995, Wahler & Sansbury,1990). However, there is disagreement as to which factors play a key role (Fox,1995; van IJzendoorn,1995).

In a study of mother's interactions with children with behavior problems and with a control group, Gardner (1994) reported that even though children were showing the same rates of behavior, mothers responded to them differently. She hypothesized that the critical feature was not so much the child's present behavior, but a maternal perception of the child's difficult behavior from other settings that was having a generalizing effect.

Fagot and O'Brien (1994) studied parents' perceptions of their children's activity levels. Contrary to their hypothesis of gender-specific activity levels, they found toddler boys and girls were equally active. According to the parents however, the boys were perceived as more active than the girls, and parents of active girls viewed such activity as a sign of positive temperament. Mothers and fathers showed high levels of agreement on the perceived activity level of sons but this was not the case with daughters.

In a study of parents' sense of competence, Johnson and Mash (1989) examined a cognitive dimension of efficacy related to problem-solving and capability, and an affective dimension of satisfaction related to frustration, anxiety and motivation. They found that the affective dimension of parenting self-esteem was particularly sensitive to the effects of deviant child behavior. It would therefore be important to consider not only the cognitive aspects of parenting but the affective aspects as well, i.e., how the parents feel about themselves and their child.

The significant impact of parent perceptions on parent-child interactions may well be related to research findings that highlight the powerful effect of parent's psychological adjustment on child behavior outcomes. The particularly strong effects of maternal depression and parental antisocial personality disorder on antisocial behavior outcomes have been well documented (Cummings,1995; Frick,1994; Harrish,Dodge, & Valente,1995). Doumas et al. (1994) speculate that maternal perceptions of child deviance may be more a function of personal distress such as depression or marital dissatisfaction than of the child's actual level of deviant behavior. However, Miller (1995) urges caution in applying this unidirectional interpretation because it is not clear whether depressed mothers' negative judgments reflect distortions in their perceptions or are an accurate appraisal of truly difficult child behaviors.

Overall, there is little doubt that past and present experiences from distal contexts can have a powerful impact on parent-child interactions. Similar to research findings illuminating other aspects of behavior disorder in children, the understanding of these processes suggests the need for a model of multiple reciprocal and contextualized interactions. There is growing evidence for the possibility of multiple pathways, including early attachment experiences as well as personality and temperament interacting with environmental factors and events (Fox,1995).

Parent reporting in parent-child interaction research. Studies focusing on parent-child interactions and antisocial behavior have used various measures of parent-child interactions including questionnaires, tasks/procedures, self-report and family observations. The majority of researchers have utilized outside observers to code and analyze patterns of interaction between parent and child (Fagot & O'Brien,1994; Patterson et al.,1992; Shaw et al.,1994). The issue of the accuracy or validity of parent reporting of child behavior has been widely contested. Patterson et al. (1992) discourage the use of parent reports as a data source on the grounds that they are not objective and do not reflect the observations of trained observers or teachers. Sanson et al. (1994), on the other hand, suggest that parent reports are definitely a valid data source in terms of the parent's extended knowledge base of their child's behavior over time and contexts.

Fagot and O'Brien (1994) reported differences between parent and teacher ratings of problem behavior and concluded : "At this point we don't know which agent is accurately reporting the child's behavior." (p.397). What may be most important is not the question of accuracy but the issue of perception. The parent's perception of what constitutes aggressive behavior, and why it may be occurring, provides an equally important though different perspective arising from a different context, and it is likely to have a significant impact on parent-child interactions and behavioral outcomes. Kingston and Prior (1995) make a similar case for using mother's reports of aggressive behavior. They argue that such a data source is valid because in Patterson's model, it is the mother's view or perception of the aversiveness of the behavior which conditions her reaction to it. They also note good predictive validity of mother's reports with high correlations with clinical interview ratings.

A study by Wahler and Sansbury (1990) further illustrates the differences between parent perspective and the outside perspective of child behavior. Parents and trained raters both coded child behaviors using videotaped parent-child interactions. While there was fair agreement on coding of positive responses, there was poor agreement on coding of aversive responses; mothers underscored aversive responses or were highly inconsistent in their coding. Miller (1995) may offer some insight into this pattern when he cites findings that parents are generally more optimistic and positive than outsiders in their perceptions of their child's behavior. Parents attributed positive behaviors to internal child characteristics while negative outcomes were more often attributed to external influences. Miller concludes that the accuracy of parent perceptions may well be important in terms of sensitivity to child responses in reducing the unpredictability and chaos of "indiscriminate mothering", as described by Wahler (1995), and Wahler and Sansbury (1990). However, Miller makes the key observation that the optimism of parent perceptions may also be critical to success; the challenge of parenting requires a sense of hope and a belief that change is possible. Therefore, both accurate and positive parent perceptions can lead to positive behavior outcomes.

Although observers of parent-child interactions may be very competent in terms of reliable coding and measurement of specific behaviors, the fact remains that the researcher and observer still put their own meaning or interpretation on the behavior. Cummings (1995) points out that the observations and coding of parent-child interaction may be limited to dimensions defined by the researcher and may only partially capture more subtle but critical emotional dimensions. Drawing from research on depression in parents and the effect on children, he suggests the need to move beyond dimensions of warmth and sensitivity to those which are more typical of parent-child interactions with a depressed parent: "Children of depressed parents are exposed to emotional communications that are especially ambiguous, changeable and unreliable with regard to meaning and negativity, and which may contribute to emotional insecurity in the child" (p.426).

Cummings would likely agree that it is important to attend to the unique aspects of individual parent perspectives. Taking it one step further, it would seem valuable to draw upon the parent's language and experience in order to illuminate and highlight important information which may be obscure or even invisible to the outside observer. Such an approach focuses more upon the quality of the interactions rather than the quantity, a research direction that Gardner (1994) recommends in attempting to uncover the subtle "fine-grained" processes of parent-child interactions.

It is clear that observational studies provide good data from the viewpoint of an external observer. However, observations of overt behavior do not appear to have provided a complete understanding of the more subtle complex aspects of parent-child interactions such as those noted in mothers and daughters (Shaw et al.,1994). As an equally important and valid way of knowing, it would seem important to utilize the parent's description of their experience of the parent-child interaction, to gain insight from their perspective as an "insider" in the process.

Several studies have utilized videotapes either in the context of parent training (Webster-Stratton,1990) or in the study of parent-child interactions (Wahler & Sansbury,1990), thus reflecting a high degree of ecological validity. As has been noted, most studies have focused on an external rating or evaluation of those interactions or have provided parents with a frame for interpreting child behavior. It must be noted that in their study, Wahler and Sansbury (1990) did have parents generate their own interpretations and codes of child behavior but it is assumed the filming was done by someone external to the interactions. In attempting to illuminate the parent perspective, it would be interesting to utilize videotapes of parent-child interactions further, by having the parent select the interactions to be filmed and then have them do the actual filming themselves.

Research Questions

The preceding review and critique of the research helps to establish the rationale for a study which first, explores parent-child interactions as they relate to the development of antisocial behavior in young (preschool) children, both boys and girls; and second, utilizes the parent perspective, in terms of a description from their perspective of their experience of parenting and of interactions with their child, in an attempt to better understand the subtleties and complexities of these powerful early interactions. The primary research question thus generated is:

1. What is the nature of the mother's experience of parenting a young preschool child with behavior problems?

A second question moves from the general recollection and description of experience encompassed in the primary question, to an actual experience of parent-child interaction:

2. What is the nature of the mother's experience of typical interactions with her child, both as participant and as observer?

Research Design of the Study

Because the primary interest of this study is the experience of mothers, it is proposed that a qualitative research design is most appropriate. The following chapter provides a description of the philosophy in which qualitative methods are embedded. A rationale for the use of a qualitative approach for this particular study is then presented.

The methodology of a study defines the procedures employed in answering the research questions posed. Following the establishment of a philosophical base and rationale, the methods section describes participants, setting, and methods of data collection and analysis used in this study.

CHAPTER 3

METHODOLOGY

Philosophical Foundations of the Study

The primary interest of this study was in mothers' experience of parenting. Since phenomenology focuses on the study of experience, the investigation was formulated as a phenomenological study. As an exploratory study of a phenomenon, the focus is on understanding the phenomenon (in this case, the experience of parenting through parent-child interactions) through the individual personal perspective (in this case, the mother) of meaningful experience. The most significant advantage of the phenomenological approach is that it provides an "inside look." It opens up the interiority of the person's experience to explore the richness and depth, of which behaviors may only be a surface expression (Osborne,1990). It provides a way to explore the completeness of experience, of both the inner and outer worlds.

Phenomenological psychology is the translation of the philosophy of phenomenology into a research method. Osborne (1990) points out that phenomenological research is more of an orientation or approach rather than a specific method. It is therefore important to clarify the philosophical foundations of the phenomenological research approach.

Guba and Lincoln (1994) assert that questions of method are secondary to questions of philosophical foundation or world view. The assumptions of the world view are what guide the inquirer in answering questions of what, why and how; and these assumptions determine the methods used. It is essential that the methodology follow from the ontological and epistemological assumptions of the paradigm. A goodness of fit between the method of inquiry and the paradigm or set of beliefs guiding the approach assists in ensuring that the research methods used are appropriate for the research questions posed.

In aiming for this internal consistency, it would therefore not be appropriate to apply quantitative criteria of validity and reliability to qualitative data because they are drawn from two different philosophical paradigms. These world views are not opposite or contradictory views, only different ways of knowing. As Polkinghorne (1983) suggests, the phenomenological map is not antithetical to the natural science map, but it marks different features of the terrain. A world view or paradigm is comprised of the ontology, which describes the nature of reality- the "what"; the epistemology which defines the nature of knowledge- the "why"; and the methodology which describes "how" the inquirer goes about investigating what can be known.

Ontology

Ontological assumptions in the constructivist paradigm define reality as being constructed socially and experientially based within the possibility of multiple realities. Within the constructivist paradigm, phenomenology defines the basis of reality as phenomenal experience, not the object or "real" thing, but the person's experience of it. Therefore the study of experience and personal perspective is valid.

Epistemology

The constructivist epistemology assumes the knower and the known interact and shape each other; the process is transactional and subjective. The constructivist view assumes that researchers are a part of, not apart from the process of construction of meaning and that their experiences and interpretations cannot be completely separated from the process.

Methodology

Constructivist methodology assumes the use of naturalistic interpretive methods to understand, rather than predict or control with an emphasis on a posteriori rather than a priori methods. The focus is on allowing the phenomenon to speak for itself and this is why, in phenomenological research, the basic method of investigation is the interview (Becker,1986; Kvale,1983; Osborne,1990; Patton,1990). The interview is the principal vehicle used for data collection in this study.

Phenomenological Research Methods

The methodology of this particular study utilizes concepts articulated by Husserl (Osborne,1990) related to bracketing of researcher biases, but the study is mainly situated within Heideggerian concepts of hermeneutics and interpretation. As such, it is aligned with van Manen's (1990) conceptualization of hermeneutic phenomenology, in which he emphasizes the interpretative element (hermeneutics), while acknowledging the descriptive element (phenomenological) of the lived experience. According to van Manen (1990), the examination of the lived experience becomes one which is explicated "through a process of reflection on its meaning" (p. 36), and where "lived experience is the breathing of meaning" (p. 35). Within the hermeneutical tradition, the researcher occupies a central place in the process of constructing meaning with the participant, the person having the lived experience. In this process of co-construction, Heidegger defines foreunderstandings as those presuppositions that researchers hold and most importantly, must remain aware of and delineate as they not only describe but give interpretations to the meaning of individual's experience (Osborne,1990).

Bracketing of the Researcher's Perspective

As stated in the introduction, and reflected in the literature review, this study was conceptualized within an ecological model of human development. As such, interactions between the organism and the environment and between human beings are seen as multiple reciprocal interactions embedded within the contexts of time, settings and relationships. My experience as a psychologist working with children and their parents, in both clinical and educational settings, has helped to confirm my belief in multiple contexts and reciprocal interactional effects. My experience has further confirmed to me, the importance of the inside perspective and the power of perception and personal meaning. This lesson was learned from those families who did not benefit significantly or maintain changes, despite proven training programs and effective interventions provided to them by specialists. It seemed that the "diagnosis" of the problem and "prescription" for change provided by the experts often did not match the perceptions and needs of those actually living the experience. For me, it became necessary to conceptualize treatment and intervention within multiple contexts, including the inside perspective. As well, it became important to consider the role of affect along with cognition, seeing them as affecting each other.

The idea of a study involving parents and young children with behavior problems was stimulated by my experience of administering an early intervention program as well as by my experience with the legal system as a result of my home being vandalized and virtually destroyed by a trio of young offenders. The process of germination occurred within the context of my coursework and learnings in two major areas of study, counselling and special education, and with my desire to integrate important learnings from both areas.

The review of the relevant research on behavior disorders was done as part of the process of constructing the design of the study. However, the majority of the research and literature on the parent perspective, parent belief systems and parent reporting was reviewed after the study was completed. This is an important point in recognizing that the parallels which emerged between the study results and other research findings became apparent after rather than before the analysis of the data, possibly decreasing researcher bias in the interpretation of meaning.

The phenomenological research perspective is aligned with my own beliefs about the essential nature of personal meaning in the processes of change and human development. I believe individual meaning is constructed from individual experience within the social context of interactions and relationships, through a process of co-construction.

Phenomenological Analysis

Phenomenological research methods attempt to study psychological phenomena in a systematic rigorous manner. In this study, I sought to describe and interpret the phenomenon of parenting a young child with behavior problems, looking for general common structures of meaning which were typical for those parents in the study.

Badir's (1990) metaphor of the family aligns well with the phenomenological approach. She describes the family environment as similar to the physical environment in that although it is constantly changing, there are repetitive patterns. There are sudden changes such as hurricanes, or it may be cloudy today but sunny tomorrow. However, there is an overall climate to all families with seasons or transitions for each of them, such as the hope of spring and rebirth. The family, when viewed as an environment of personal growth and development, includes the diversity of family experiences while recognizing the universality of experiences. Perspectives drawn from van Manen (1990) and Vygotsky (1962) led me to believe that the phenomenological approach would be valuable in understanding the family, particularly parent and child, as an ecosystem. A qualitative approach provides an understanding of the family through the inside view, through the personal meanings gained from the individual's experience which is a far different perspective from the observations from the outside.

There are three processes used in phenomenological analysis. They include the hermeneutic, the dialectic and the dialogal.

Hermeneutical process. Because this study was framed within hermeneutic phenomenology, the hermeneutical process was strongly highlighted. Hermeneutics is defined as the science of interpretation and comes from the name Hermes, the mythical Greek messenger who served as interpreter from the gods to the human world. The process of hermeneutical interpretation is also referred to as the hermeneutic circle or respiralling. It is the recursive process of moving back and forth from parts to whole until logical coherence and unity is reached. In the process of respiralling, re-visiting and reviewing, the data is transformed as the meaning changes from the initial impression to something richer, from surface to deeper meaning. The text which is interpreted in the hermeneutical process is most often characterized through language and as conversation. The reciprocal connection of two people, usually the researcher and the participant, leads to a deeper construction of meaning and interpretation. The incorporation of hermeneutics was accomplished in the present study through the interview process.

The hermeneutical process is also used when the researcher moves back and forth between interpretations and the data. This is done to ensure congruency in the accuracy and truth of the interpretations and the actual experience as voiced by the participants. The process requires the careful documentation of all conversations and reflections to facilitate the review process. In this study, all interviews were audio taped and then transcribed into print. As well, a research journal was kept of all direct contacts (meetings, phone calls) with participants as well as with other individuals involved in the project including dissertation committee members, ethics committee members, and participant referral sources.

In the critical process of becoming aware of and remaining cognizant of the researcher's own presuppositions and biases, the researcher engages in a hermeneutical process of bracketing, moving to the data, and re-bracketing to ensure the integrity of the phenomena. This was carried out in the same manner throughout the study, with a bracketing of presuppositions at the outset, and an ongoing record of the re-bracketing process as data was collected and the analysis was done. I visited back and forth among the audio tapes, the transcripts and the various documents that emerged during data analysis, to ensure that the emergent meanings were those of the participants and were true to their actual words.

Dialectical process. The dialectical process is one in which researchers seek out differences and variations. Then, rather than discarding them as outliers or negative cases, they seek to include them within a broader more integrative principle. An appropriate analogy would be the idea of two sides of the coin being seen as the same coin. The researcher must continue seeking descriptions and interpretations in order to encompass all cases, thereby minimizing the imposition of a biased interpretation of the data. In this study, the analysis of the data from each individual participant was done separately, as a complete whole, before across-participant comparisons were considered. As well, the analysis of the data from the videotape interview was done separately from that of the initial interview. All data was incorporated into broad themes, with the use of subthemes to encompass the unique aspects of individual experiences.

Dialogal process. The dialogal process is the "we" experience, the dialogue of the social construction of meaning between individuals. As they come together with their own interpretations, unique meanings and experiences, they reach a consensus of common meaning, called intersubjective agreement. For myself, I found that the power of conversation in the interview process was clarified by Vygotsky's (1962) view. He contends that there is a re-structuring of thought as it is transformed into speech; thus, speaking creates further thought, it does not merely mirror it. The interview thus becomes essential in viewing language as an active process of further meaning making, and the dialogal aspect invites the creation of new meaning in a meeting of inner and outer worlds. As noted before, the interview was the main data source in this study.

Outcomes of Phenomenological Analysis

The outcome of these three processes of phenomenological analysis is the descriptions which transcend the particulars of the specific experience upon which they are based, to clusters or themes. These themes reflect a deeper meaning and were validated with the participants as true to their experience. Using the three processes in this study, the data was transformed from transcripts of actual words, to paraphrases and then themes of meaning. The themes were then further abstracted to clusters of themes, called first and second order themes. In the stage of the writing up of the themes, I found there was a continuous recursive process between my writing and the participants' words, in an effort to ensure a flow and symmetry of meaning. It was therefore important to intersperse my writing with their words, by providing direct quotes from the transcripts. van Manen (1990) notes this essential aspect of hermeneutical research of lived experience in his observation that "The lacing of anecdotal narrative into more formal textual discourse, if done well, will create a tension between the prereflective and reflective pulls of language" (p.121).

This process is not one of induction or generalization but requires creative insight- a jump from the words of the participants to their meaning, and from these to common structures of meaning that resonate with others (Kvale,1983; Wertz,1984). As used in the present study, the process was conducted through ongoing description and interpretation until no new themes emerge and all cases fit into the common structure of meaning. To the phenomenologist, this represents the essence of the phenomenon, an essence which is embedded in but delineated from the interpretations and biases of the researcher.

Rationale for a Qualitative Study

As noted in the literature review, there appear to be little data based on parent experiences of parent-child interactions. Their input is most often obtained through self-report measures and questionnaires in which parent perceptions may be judged against a referent or standard of a broad developmental perspective. It would seem reasonable and important to consider in-depth descriptions of parent experiences as an equally valid, rich and necessary source of knowing that may complement and enhance the professional judgment of outside observers. Through ongoing description and systematic analysis of the experiences themselves, a qualitative approach attempts to extract the essence or meaning of those experiences.

The qualitative research approach is well suited to the subject area of parenting which is in itself a social construct. Parenting and parent-child interactions in particular are social constructions within cultural contexts. They fit well into the social constructivist paradigm within which qualitative research methods are situated. A qualitative approach serves to illuminate the meaning of the individual experience within a social context. It also aligns with the ecological systems approach which has been set out as the theoretical framework for this study. Rather than identifying characteristics or traits in the individual (parent or child) or in the environment (SES or educational level), it seems more instructive to view the interaction, the underlying processes, as the centre stage of study.

Acknowledging the ecological interdependent nature of person and context allows for a "both and" perspective rather than an "either or" perspective. It assumes the bi-directional nature of reciprocal processes between parent and child rather than a unidirectional causal pattern for which previous clinical research has come under fire (Ambert,1994; Rutter,1994). Qualitative research approaches rest upon the philosophical foundation of phenomenology. It, in turn, rests upon the assumption of co-constitutionality of person and environment.

Validation of the Study

In order for a research method to meet the criteria of good science, there are two essential requirements: First, rigour, which requires logical exactitude and strict reinforcement of rules; and second, systematic empirical inquiry that is data-based. Procedures for ensuring validity (accuracy, strength and truth of the data) and reliability (consistency of the data) must follow from the assumptions of the philosophical paradigm in order to be appropriate, and are described here in terms of how the conditions for validity were met in the present study.

The main principles of validation in qualitative methods are goodness of fit and corroboration of data. According to Denzin and Lincoln (1994), appropriate terms for internal validity in qualitative research are credibility and trustworthiness. Kvale (1986) and Maxwell (1992) describe three types of internal validity which are essential in conducting good qualitative research.

Descriptive Validity

Descriptive validity requires accurate descriptions by the researcher of what participants understand as the meaning of what they said. It is attained through the quality of observations, testing of observations and testing of explanations.

The quality of the observations is maintained through representativeness of the sample; that is, the participants' experience must represent the phenomenon under investigation. This is described in detail in the section on participant selection. The quality of observations was further maintained by a high degree of ecological validity in that the phenomenon was observed in the natural context of the home setting, where most parent-child interactions take place.

The final strategy for ensuring high-quality observations is to control for researcher effects by ensuring the researcher is properly trained in interview skills and carries an attitude of openness and mindfulness into the interviews. My experience as a psychologist and specifically in doing therapy have been valuable in refining my interview skills in active listening and paraphrasing and most importantly, in the bracketing of perspectives. I found I was able to maintain an awareness of whose perspective was being discussed during the interview, mine or that of the participant. Before the study was undertaken, I had some concerns about the role of therapist overriding or conflicting with the role of researcher. As the interviews progressed, it became clear to me that there were similarities and differences in the two roles in terms of the primary goal. They both take place within the same context of conversation and rewriting of participant stories might occur in both. However, within the research perspective the spotlight remains on the illumination of personal meaning, while therapy incorporates the primary goal of change as well as different perspectives into the process. I sought to maintain my awareness of these essential distinctions by focusing on the parent perspective, not others, as well as keeping the child as a background focus for myself. Although the children were very engaging and I often noticed their behavior, they were not the focus for me during the interviews.

The testing of observations is done to ensure descriptive validity and is accomplished through the process of triangulation. Triangulation utilizes different data sources to cross-check data and interpretations for consistency and integrity. In this study, triangulation was accomplished by a process of ongoing comparisons of the data obtained from audio taped interviews, transcripts, and videotapes.

The testing of explanations is the third strategy for ensuring descriptive validity and is accomplished through the dialectical process of looking for rival explanations and for negative cases. This was carried out in the study by the hermeneutical process of continuous description, interpretation and exampling until there was a saturation of themes, and by providing a minimum number of actual examples to illustrate and support each of the themes.

Interpretative Validity

Interpretive validity is essential when the researcher moves beyond the text, between the lines so to speak, to construct an interpretation that goes beyond the participant's self-understanding. It asks the basic question: Is the interpretation well-documented and logically coherent so that a general consensus of interpretation can be obtained by the reader?

Interpretive validity focuses on the explication of the researcher's perspective and is accomplished in three ways. First, bracketing is the process in which the researcher clearly describes, beforehand and through data collection and analysis, presuppositions which may bias the interpretation of the data. A continuous bracketing process was carried out through the use of field notes detailing personal perspectives and reactions throughout data collection and analysis. I often would go back over all of my notes as more data was collected and analyzed. I carefully reviewed my own questions and comments in the transcripts to ensure that it was the parent perspective that was being reflected and to check if my input was being confirmed by participants as true for them. Bracketing issues are discussed further in the section on data sources.

The second strategy to ensure interpretive validity involves the hermeneutical process of respiralling between the data and the interpretations. This was accomplished in the study through the audit trail, which is a clear detailed description of the procedures of data collection and analysis. The audit trail enables the reader to reconstruct the process that the researcher went through, enabling the reader to understand how the researcher arrived at the interpretation of the data. This, together with bracketing, comprises the most rigorous test of validity: Given the same perspective, the reader should be able to see what the researcher saw. In the present study, an audit trail was constructed using raw data, data analysis notes, process or field notes and materials related to the bracketing process. The audit trail is made visible throughout the following sections on participant selection, data sources, and treatment of the data.

The third and final strategy for interpretative validity involves communicative validation. The goodness of fit of the data was accomplished through the continuing dialogue between the researcher and participant, ending with a final interview in which the interpretation was taken back to the participants to confirm the accuracy and validity of the my interpretations. Participants were shown a map of general overall themes along with a map of the themes drawn from their own experience. The goodness of fit of the data will be further validated through empathic generalization, a communication between the reader and the researcher, where the reader determines whether the interpretations resonate with their own experiences of the phenomenon.

Theoretical Validity

Theoretical validity addresses the basic questions: Do the specific interpretations follow logically from the theory used, and is the theory valid for the phenomenon being studied? Theoretical validity is accomplished through the persuasiveness of the arguments set out by the researcher and by the degree of resonance with community experts in the phenomenon. For the present study, the theoretical framework of an ecological systems approach has been presented and validated by research evidence as has the importance and appropriateness of the study of parent-child interactions related to behavior disorder.

External Validity (Generalizability)

Denzin and Lincoln (1994) use the term transferability to define issues of generalizability in qualitative research methods. The principal criterion of generalizability is empathic generalization which was described under interpretive validity. Because of the in-depth approach with a small sample, qualitative methods do not attempt to generalize to a large population. Instead, generalization is left to the reader, to make meaningful connections with findings that speak of commonalities of experience.

Reliability

Denzin and Lincoln (1994) refer to reliability in qualitative research as dependability. In quantitative research, reliability refers to the consistency, replicability and stability of measurement (Osborne,1990). For the qualitative researcher, reliability lies not in the replicability or consistency across observations, but in the fit between what is recorded as data and what actually occurs in the setting under study. In this study, the same interview question guidelines and the same procedures were used for all participants in the data collection and analysis phases.

Reliability is achieved not by the sameness of facts across contexts but the sameness of meaning. Because of the multiperspective nature of reality and people's ability to construct their own meanings and interpretations, there will be differences and variations in the specific contexts. However there should emerge, with continued dialogue, a consensus on a common meaning, an intersubjective agreement. The reliability of the findings in the present study was addressed through the across-group analysis of the data where, along with the variations and differences in the experiences of the individuals, common themes and meanings emerged across the group.

Participant Selection

In order to accomplish the goal of representativeness, sampling procedures in qualitative research are purposive. Thus the sample must be comprised of participants who are representative of the same experience or phenomenon not because they reflect the demographics of the general population. Participants must therefore possess the knowledge and experience of the phenomenon and be both able and willing to reflect upon and articulate their experience.

Patton (1990) describes critical guidelines for sampling and outlines four types of sampling including extreme or deviant case sampling, intensity sampling, heterogeneous sampling and critical case sampling. Given the nature and intentions of the study, a combination of heterogeneous and intensity sampling were used to encompass a wide range of behavior problems with an intensity of experience which would allow for participants who were experiential experts with unique experiences and also with shared patterns of commonality.

Initially, the participants were to be selected from the waiting list of families whose child has been screened and accepted for participation in the Communication and Behavior Program (CB) at Glenrose Hospital. The program is a short-term intensive intervention program for parents and children who display significant problems in behavior, communication or both. Initial criteria for inclusion in the sample required: an outside assessment of significant behavior problems, with parent agreement with the diagnosis; possible communication problems but no severe multiple handicaps or generalized developmental delay; concerns with behavior problems had been ongoing for at least 1 year; and the age of the child was within the preschool range of 3-0 to 4-0 years of age at the commencement of the study. The purpose of using younger children was two-fold: first, the literature suggests unique characteristics of parent-child interactions in younger preschool children; and second, using younger children would reduce the number of formal structured group experiences they had been exposed to outside of the home. These other experiences would tend to introduce other variables such as peer and teacher interactions and would perhaps mask significant parent-child interaction variables.

From the preliminary study and from the fact that few participants were being located, it became evident that the criterion of a label was not appropriate for this age level. The reality was that at these young ages, the diagnosis had not clearly been made due to the wide range of normal developmental transitions and the instability of behaviors. As well, parents were often not ready to accept a diagnosis of behavior problems and vacillated in their naming of the problem. It became apparent that it was necessary to expand the criteria in terms of the definition of the problem, the age range, and child involvement in other programs.

The parent perception of a significant behavior problem was key and became the primary criterion as did their willingness to articulate their experience. The participant selection process shifted to an invitation for volunteers to come forward. I then asked them a number of important screening questions to ensure that: the parent perceived their child to have major ongoing behavior problems, the problems had gone on past normal developmental transitions (6-12 months duration), and the problems were still occurring for the parent at the moment. (See Appendix A for the Invitation to Volunteers and Appendix B for an outline of screening questions). It was also important to screen for participants where the phenomenon was in the forefront of their experience at the moment, enabling them to reflect upon it. Individuals who were undergoing major life transitions or events such as divorce or active depression were not included as these important but sometimes overpowering influences may have taken away from the focus of the study.

The revised selection procedure worked well as participants were solicited from all Glenrose preschool programs, the CASA program for young children, and local family physicians. It added considerable diversity and richness of experiences to the sample as participants were at different points of the journey and had a range of years of experience with the phenomenon. Seven participants were selected. Interestingly, in all cases but one, there was substantial outside agreement of behavioral concerns. In that particular case, the participant was included because the identification of the problem was a key issue.

Of the 7 participants, 5 had sons with behavior problems and 2 had daughters with behavior problems. The mothers' ages ranged from 27 to 42 years of age and the children ranged in age from 3 years (one child) to 4 years (five children), with one turning 5 years old the week of the interview. Of the seven children, one was adopted. Of the 7 participants, 6 were married and were co-parenting and 1 was a sole parent who had recently begun living with her partner. In terms of educational level, 3 participants had finished high school, and 4 had completed post-secondary training at a college or university level. As far as working outside the home, 4 participants were working part-time, 1 was on leave from her job and 2 were at home full-time. In terms of family constellation, one child was an only child, four were the elder of two children, and two were the younger of two children. Two of the children and their mothers were participating in an intensive child-parent training program. All of the children but one were in part-time daycare or play school programs.

In determining how many participants were to be involved in the study, the decision was based on Wertz's (1984) guideline of using as many participants as it takes to illuminate the phenomenon. Although the study was initially to involve 4 to 6 participants, the number was expanded to 7 to incorporate the diversity and richness of their experiences. At 7 participants, diversity continued to emerge but the diversity could be encompassed within larger common themes that were repeatedly emerging. The decision to stop interviewing participants was reached when this point of saturation of themes was reached.

The setting of the study was in the homes of participants. Interviews were conducted in the home setting to ensure the comfort and privacy of the participants. In the case of 2 participants, they requested that interviews take place outside of their home for their convenience. The videotaping of parent-child interactions was done in the home for the sake of continuity and to increase the possibility of the videotape representing a true reflection of typical parent-child interactions.

Data Sources

The data collection consisted of three sources in this study: interviews, videotaped observations of parent-child interactions, and documents. The content of the videotape was determined by the mother as being typical of interactions with her child.

Interviews

Becker (1986) and Kvale (1983) outline several important aspects of the qualitative interview that were incorporated into the interviews in this study. Becker (1990) suggests that the primary role of the researcher is to be fully present in the interview experience and to: "encourage participants to stand at the edge of prereflective understandings and struggle to articulate this wordlessness" (p. 106). I first met with each participant to describe the study in further detail, to ensure they were completely comfortable with participating, and to obtain their informed consent (see Appendix C for the Consent for Participation form).

The interviews consisted of a first interview in which the format was broad and unstructured to facilitate the telling of the stories with minimal input from the researcher. Input from the researcher was to be limited to open-ended questions such as: "Tell me what it has been like for you to parent your child" (see Appendix E for an outline of initial interview questions). I found that the questions were best used as guidelines. They were often unnecessary to ask as participants covered the same landscape on their own. New questions emerged as interviews progressed, such as: "What has your child taught you?" The questions were used to ensure all areas were covered in the interview. At times however, it was important to be sensitive to the participant's emotional state; for example, with one participant it was not timely to ask about the future for her child. Interestingly, her thoughts about the future did come through in her own time. Active listening techniques of paraphrasing and re-iteration were employed to clarify and extend the breadth and depth of the participant stories.

The second interview consisted of the parent and researcher watching in its entirety the videotape made by the participant, then if they wished, watching it again as it was stopped at various points by the parent. The parent was then interviewed in terms of their interpretation of the experience. The second interview occurred within one week of the initial interview in six of the seven cases. The issue of social desirability in what participants chose to tape was addressed by bringing the issue out in the open and asking them why they chose particular scenes for taping. Participants indicated a willingness to tape the bad behaviors exhibited by their children along with the good; they wanted to show a balance. Having the initial interview before videotaping may have assured participants that they would not be judged unfairly, and that there would be a balanced view taken of their experience. (See Appendix F for an outline of videotape questions). Time was taken to obtain more targeted information from the first interview in order to add to and clarify emerging themes although this became a process that participants chose to engage in without prompting. Both interviews were audio taped using a cassette recorder and a field microphone. After the first participant's videotape interview, it became clear that the conversation while initially watching the videotape was very rich. Therefore, for the remainder of the participants, this portion was also audio taped.

The third interview took place after the interpretation of the data was completed. It focused on the verification of the accuracy and validity of the researcher's interpretation with the participant's actual experience. It was accomplished by having the participant consider the researcher's interpretations in order to confirm, expand and add further comments.

Bracketing emerged as an essential process during the interviews as I sought to maintain a clear awareness of my own perspective. This was particularly important during the videotape interview because I often noticed different things on the tape than the parent did, both positive and negative. Keeping actively aware of this helped me to ensure that I stayed with the parent perspective in the interview. Bracketing of my own role as researcher and my own agenda in terms of timelines became important as well. Pacing with the participant was essential in allowing each story to unfold and to let each person give what they were to give. I learned the importance of staying with their experience, and allowing it define itself and direct the course of the interview. My experience as a therapist helped in this respect. In trying to maintain a separateness in our perspectives, I found that it was not an issue of me avoiding clarification or summarizing for the participant because this was an important part of the process. What was essential was clarifying with the participant as to whether my description fit for them. This revealed itself as a dialectical process of merging yet keeping separate the two perspectives in coming to new meanings. As the interviews progressed, it became clear that it might be helpful to interview the participant alone. For some, this was an important consideration in terms of providing time and space to reflect without the constraints of other family member's views (often the husband), or the distractions of the child. I gave this option to each participant and interviews for 2 participants were done outside the home.

Videotape

Osborne (1994) indicates that observations can be incorporated into a phenomenological study as long as the observations fit into the interpretation of meaning. Because the focus of the study was on the parent's perspective, it was important to have the parent choose the content of the interactions to be taped.

In describing visual methods in qualitative research, Harper (1994) notes that the meaning of the video is constructed by the viewer and the maker. He cautions that this should be a collaborative enterprise in which the subject is involved. In discussing the use of videotape in research, Albrecht (1985) points out that the eye of the camera offers a perspective with inherent biases and limitations and insights. The resulting picture not only reveals what is in front of the camera but the photographer's view of what is before the lens: "Thus subject matter, composition and medium of communication tells us as much about the researchers and their perception of the phenomenon as it does about the phenomenon itself" (p.334).

In this study, the participant was placed in the role of researcher. The mother was both the subject and the maker, with the researcher playing a minor technical role, if that. Therefore the interpretation was truly that of the mother. The videotape may be described as narrative, which expresses the point of view, voice, and experiences of the author, the mother.

Harper (1994) further discusses the power of images. The videotape activity seemed to help participants to make statements of meaning which they could not put into words. Upon watching it, the videotape images seemed to stimulate descriptions in language for some participants.

The experience of watching the tape seemed to serve as an additional source of data. The experience of hermeneutical process was reflected as participants watched the video and chose to reflect back on themes from the first interview, often confirming, refining or changing initial impressions of meaning. Bracketing seemed to be a part of the videotape experience. When asked about what they chose to film or when watching their own reactions on tape, some participants became more aware of their own assumptions and biases which affected their interpretations.

The videotape was a record of approximately 20 to 30 minutes of parent-child interactions, determined by the mother to be typical of her interactions with her child. The camera equipment consisted of a model of video camera which is very compact and which includes a small remote control the size of a credit card. This allowed participants to start and stop filming from a distance, without interrupting the interactions and without the child noticing whether the camera was filming or not. A tripod was also provided. The camera equipment was left with the parent for use at her convenience over a period of a few days.

Albrecht (1985) offers several ways to ensure validity in using videotape in research. He suggests videotaped data be compared to paper and pencil modes of recording observations. This was accomplished in this study through data triangulation procedures across data sources. He recommends that the researcher find ways to minimize subject reactance or knowledge of the camera. This was accomplished through the use of unobtrusive camera equipment, especially the remote control feature. As well, I checked for potentially confounding effects by asking the participants about their own reactions to the camera and why they chose to film what they did.

Albrecht (1985) describes video methods as being able to capture the larger context in which human behaviors take place. In this study, the videotape experience offered participants a view of the bigger picture with themselves in it. Most importantly, by having them control all aspects of the filming, the videotape remained a reflection of the parent perspective.

Documents

The documents generated in the study consisted of transcripts of all interviews, a research journal which included field notes and process notes related to bracketing, a video journal, and data analysis documents. The research journal reflected the evolving nature of the research project and its contents are incorporated throughout the description of methodology. The video journal was an ongoing record, a specific audit trail, of technical concerns, parent and child reactions to taping and any other events or issues related to the videotape data source and was a part of the larger research journal. The research journal consisted of field notes which provided for a continual process of reflection and bracketing of ideas and possible biases, as well as reactions both at an emotional and cognitive level. Bracketing procedures were of critical importance in this study and served as a way to ensure that I was not misreading the data by imposing my own biases and interpretations. The research journal contained detailed descriptions of the collection and analysis of the data and thus served as the basis of the audit trail. The data analysis documents will be further described in the section on treatment of the data.

Procedures in Data Collection

Procedures in data collection have been interwoven throughout the foregoing descriptions of the validation of the study, participant selection and data sources. These procedures, along with those used in data analysis, are based on the documentation generated, and comprise the audit trail. The purpose of the audit trail is to present a clear detailed description of the procedures of data collection and analysis to enable the reader to understand how the researcher arrived at the interpretation of the data. As discussed in the section on descriptive validity, the audit trail helps to ensure the accuracy and representativeness of the descriptions(transcripts) with the actual experiences of the participants. The audit trail also describes the respiralling process between the data and the interpretations and serves to strengthen interpretative validity by allowing the critical question to be asked: Is the interpretation well-documented and logically coherent so that a general consensus of interpretation can be obtained by the reader?

I found that in generating the audit trail for this study, the process of bracketing, the ongoing recursive process between data and interpretations, and the triangulation of data sources were all procedures that remained in the forefront of my thinking. As well, they served as essential markers in directing the research process which does move back and forth between the concurrent processes of data collection and analysis, as the interpretation of meaning unfolds.

Treatment of the Data

Methods of analysis and outcome applied in the analysis of data in this study were previously described in the section on philosophical foundations. The following description provides further details.

Stages in Data Analysis

Throughout the stages of data analysis, I found I was employing the three primary processes of the hermeneutic, the dialectic and the dialogal. These processes enabled me to move back and forth between the parts and whole, between transcripts of actual experience and interpretation and between the participant and myself in order to ensure the emerging themes of interpretation were true for those who had experienced the phenomenon. The dialectic process engaged me in the search for differences and variation of themes, in the belief that the more these variations were uncovered, the more possible it was to reach a more inclusive integrated description of the phenomenon. And of course, the interview context from which the data was generated continued to highlight the dialogal process in which we, the participants and myself, were both involved in the making of meaning.

First stage. Colaizzi (1978) and Osborne (1994) describe the two levels or stages of phenomenological data analysis. In the first stage, the analysis begins with the analysis of individual data. In order to maintain the integrity and completeness of each experience, I finished the analysis for each participant before moving on to another. As well, I kept the analysis of the initial interview and the videotape interview separate at this stage.

The first step in the data analysis is the interview and the second step involved the creation of the transcripts (Colaizzi,1978; Osborne,1990). After I conducted all of the interviews, approximately 24 hours of audio tape were transcribed. I did the majority of the transcriptions myself and although I found it took a great deal of time, the transcription process did help to immerse me in the data. Themes and possibilities continued to emerge while I listened and typed. The transcription process made me more aware as a critical listener at the level of individual words as well as the pauses and silences. Listening to the tapes, I was re-immersed in the interview process as it was happening and I found this elicited the same questions and responses again in me. There emerged a sense of congruence for me and I was not left feeling there was more to ask or that it should have been asked differently.

The third step in individual data analysis involves reading through the transcript several times to get an overall impression, or as van Manen (1990), calls it, "the holistic or sententious approach" (p. 94). This approach allows for reading the data openly, with intuition entering into the first impressions (Wertz,1984). Reading and re-reading the transcripts added to the emergence of overall themes and I developed at this stage, a general map or web of each participant's complete experience. For myself, I found it was essential to obtain an overview, a top-down approach to the data before moving on to the next stage of analysis which required a bottom-up approach beginning at the level of the actual words.

The fourth step in data analysis involves the jump from actual words to meaning where the critical meaning units or significant statements are transformed into paraphrases and then a label of the emerging theme is created. Having completed the overview maps for each participant (with separate maps for the two interviews), I then moved to the line by line analysis of each transcript. The most important principle guiding me at this stage was to remember that the label given to each significant statement must capture the essence, neither adding nor taking anything away from the participant's intended meaning. For each participant, I first went through the complete transcript, blocking out significant statements of text and labeling them. I then conducted a reliability check of the labels. After supplying an independent person with an explanation of the researcher perspective, I provided her with the labels and the categories and had her apply them to a randomly selected transcript. We then checked and found a high degree of agreement. In the case of a question, we were able to come to agreement.

For each participant I then made a sequential list of the labels on the transcript with possible categories and sorted the list on the computer. I cut up and further categorized the labels, cut up the transcript into blocks of significant statements, and matched them with the labels. This process ensured that all labels and their statements were accounted for. From the labels, categories emerged and were reconstructed into themes. The themes were unique to some participants but many became more common as analysis progressed. The cut-up transcripts were placed in envelopes of each theme, with the labels pasted on the outside for convenience of tracking the data. (See Appendix G illustrating the analysis of an actual transcript).

Second stage. In the second stage of data analysis, the researcher moves from the themes to a further abstraction to clusters of themes. Osborne(1994) does not recommend going beyond this second stage of analysis as the clusters may become too abstracted and too far removed from the actual experiences. At this stage, I had constructed an overview of within-person analyses consisting of labels, themes, clusters of themes, and a synthesis or overall summary for each person's experience. For each participant, all the theme envelopes were placed in one large envelope and were matched with the map of overall themes and subthemes constructed for each one of them. At this point, I wrote a narrative of each person's story. By using narrative, this gave me another vehicle for looking at the whole experience or the big picture, so to speak.

The process between the two stages became a recursive one in which rigour was established by moving back and forth between the top-down overview and the bottom-up generation of labels to ensure unity and correspondence between the parts and the whole, and thus transforming the data. As these new documents emerged in the data analysis, I often returned to the audio tapes as a validity check and for bracketing purposes. I wanted to ensure that I was not putting my words in their mouths, that it was truly the voice of the participant being heard.

Across Group Analysis

Following the within-group analysis of individuals (within each participant), a comparative process of analysis was carried out through a between-group analysis (across all participants). The primary purpose was to move from the depth of individual meanings and themes towards the identification of commonality of themes, and ultimately to the essences or structures of the phenomenon of parenting a young child with behavior problems.

The transcripts for each participant were copied in a different color so that the individual identities were easily maintained as data was combined. The themes and envelopes for each participant were now combined into common themes. The between group analysis was done in tabular format to enable the researcher to see all the shared clusters and unique clusters. If a cluster was common to all participants, I went back to the excerpts to check if there are any variations or differences in individual excerpts. If the cluster included all participants, it became a theme; if it occurred in at least 3 to 5 out of 7 participants, these became subthemes. If it was unique to 1 participant, this was retained and reported as to what made their experience different. This dialectical process enabled me to retain both the commonalities and the unique aspects of the data, encompassing them into broader integrative themes. The grid system helped me in this process of looking at themes and the interrelations between themes and then to consider moving to a further abstraction of larger order more encompassing themes. When I started the writing up of the themes using the transcripts, all participants and their family members were given pseudonyms in order to maintain confidentiality.

At this point of analysis, the processes performed on the data reflected a transformation from the particulars of experience to a common general structures which represent the essence of the phenomenon, the shared experience of the participants. At this point, the interpretations were taken back to the participants for verification of themes. All 7 participants were enthusiastic in their confirmation that the interpretations truly reflected their experiences.

Ethics

The present study followed principles of ethical research practices in terms of obtaining informed consent for participation, allowing participants to withdraw from the study at any time if they so wished, and maintaining confidentiality of all primary data sources as well as in the write-up of results.

Participation in the study was not seen to have any anticipated harmful effects. However there was some risk in the interview experience itself because by its nature, the interview is an in-depth experience in which new insights and also important concerns may come to light. At those times when issues or concerns arose that the participant wished to address further, I was able to offer assistance to them in accessing appropriate support services. The fact that I am a chartered psychologist bound by a professional Code of Ethics was most helpful in maintaining appropriate ethical guidelines.

The possible benefit to participants for being involved in this study was the opportunity to gain new insights and new perspectives into their own experience of parenting their child, which several participants confirmed had occurred. All participants expressed a willingness to contribute to research findings which may be useful in developing effective intervention programs for families and their children. (See Appendix C for the Consent for Participation form and Appendix D for Release of Information form).

Before commencing research, the proposed study was approved by the Ethics Review Committees at the University of Alberta and the Glenrose Hospital. The study was also approved by the Board of Directors of CASA. At the completion of the study, all participants will be provided with a summary of the research findings.

A Preliminary Study

A preliminary study with one dyad (mother-boy) was carried out before the formal data collection commenced. Interviews and videotaping were conducted and a preliminary analysis of the data was done. The preliminary study helped to refine the interview questions and procedures, and to refine data collection and videotaping procedures. Most importantly, it helped in the revision of criteria used in the participant selection procedures. It also helped to ensure that data analysis procedures being used provided the best fit for the data and emerging themes. Due to very recent improvements in her son's behavior, the participant in the preliminary study felt that parenting issues were no longer significant in her life. Therefore, the data was not included in the formal study.

CHAPTER 4

ANALYSIS OF RESULTS

The Emergence of Overall Themes

Sources of Text

Overall themes emerged from two sources of text or data. First, the open-ended interview with participants elicited the text of day-to-day experiences and experiences over time in the parenting of a young child with behavior problems. Second, the text of the videotape experience was elicited from the participants by having them make a videotape of day-to-day life experiences with their child, and then having them watch and reflect upon the videotape.

Considerable connection and overlap occurred between the two sources of text. Participants often used the videotape experience to confirm, support and extend the thoughts and ideas they had expressed earlier in the first interview. In a reciprocal manner, some participants expressed in the initial interview, their own goals and ideas in terms of the use and value of the upcoming videotape experience.

The two sources of text offered participants a retrospective view of their experience, each from a different perspective. The initial interview offered a viewing from within, where talking about the experience provided a distancing from the experience itself and thus an opportunity to reflect upon it. The videotape experience offered a view from a distance; an opportunity for participants to view, from the outside, themselves in the experience.

The Emerging Process

The experience of parenting a young child with behavior problems emerged as an ongoing process in which common elements or themes were illuminated. At the same time, each participant's individual experience retained its own unique characteristics and identity.

The process is not of a linear nature, moving in one direction through self-contained stages or lock-steps. Rather it is better described as a continuous recursive process of developing and growing, moving back and forth through stages or aspects and revisiting them again, depending upon the context. For example, as the child grows, develops and enters into new contexts such as school or peer relationships, participants expect to find themselves going back to redefining the problem, getting help again or learning new coping strategies more appropriate to the present situation in which they live. Nor are the themes mutually exclusive; for example, participants found it was possible to be defining the problem, getting help, and living the experience day-to-day, all at the same time.

Contexts which emerged related to time, such as the child's developmental stage or age; location, such as in the home or at school; and people involved, such as parent and child alone or parent and child with other family members. A general temporal sequence emerged in the process in terms of past experiences, and concerns about the future affecting the present. In turn, present experiences affected views of the past and the future. Seeing the process as one which is both temporized and contextualized served to reflect the reciprocal nature of the experience, each aspect affecting and shaping the other and thus being interconnected.

Participants told their stories from their own perspective, that of the insider, the person who lives it and experiences it first-hand. Participants framed their inside view against the backdrop of the outside view, the view of husbands, extended family members, friends, professionals and the public. Their perceptions and reactions were strongly shaded and shaped by the outside view and created either a sense of dissonance with their own view or a degree of consonance and agreement. This added to the process of each participant constructing personal meaning from their own experiences.

Explication of Themes

van Manen (1990) reminds us that phenomenological themes are not objects nor generalizations. Rather they can be seen as the "knots in the webs of our experience, around which certain lived experiences are spun and thus lived through as meaningful wholes" (p.90).

The purpose of using the phenomenological approach in this study was to not only explicate the themes or structures of meaning, but to consider those universal themes that were common to the experiences of participants. Given the individual nature of each person's experience, the unique aspects of their experiences were also explored.

Using both a holistic or top-down approach as well as a line-by-line bottom-up approach, labels, categories, subthemes and themes emerged from the data. From the first order themes, there emerged two second order themes which were more encompassing: "Viewing from within: What it means to parent" and "Viewing from a distance: The videotape experience." An outline of the themes is provided to the reader in Figure 1 to serve as a map of the general landscape of experiences as the reader navigates the detailed contours of themes.

At the close of the chapter, a synthesis of the themes is provided as an overview and summary of the meaning of the experience of parenting a young child with behavior problems.

MAP OF THEMES

PART 1: VIEWING FROM WITHIN: WHAT IT MEANS TO PARENT

Theme 1 : Defining the Problem
- Recognizing there is a problem
- Naming the problem
- Locating the problem
- Inside/Outside
    - Recognizing the problem
    - Naming the problem
    - Locating the problem

Theme 2: Getting Help and Support
- Deciding to get help
- Seeking the right resources
- The journey of getting help
- Getting help: personal reactions
- Supports

Theme 3 : Living It: The experience of parenting in the present
- Living with my child
    - Living through the bad days
    - Living for the good days

- Living with the changes
- Living together: Parent child interactions
    - Shaping and affecting each other
    - Similarities
- Living with others
    - Family issues
    - Extended family
    - The outside: Being in public
    - Inside/outside

Theme 4: Learning from Living: Personal Transformations
- Accommodating: Getting through the day
- Coping successfully: Making it better
    - Coping better with my child
    - Coping better for myself
- Reflections, beliefs and learnings
    - Answering the "Whys"
    - Exploring and reaffirming beliefs
    - Finding a purpose
    - Learnings and changes in self

Theme 5: Looking to the Future
- Living with the dreams
- Living with the fears

Theme 6: Considering Gender

PART 2: VIEWING FROM A DISTANCE: THE VIDEOTAPE EXPERIENCE

Theme 1: Doing the Videotape
- The role of the camera
- Choosing what to film
- Personal reactions

Theme 2: Watching the Videotape
- Seeing

  - Seeing once more: Confirming what I know
  - Seeing differences: Changes and progress
  - Seeing new possibilities
- Feeling
- Making Changes: Doing it differently
- Reflecting
- Inside/Outside
- Valuing the videotape experience

Figure 1. Map of Themes

Part 1: Viewing From Within: What it Means to Parent

Of the two second-order themes, the "View From Within" was the larger experience of what it means to parent and encompasses six themes.

Theme 1: Defining the Problem

Participants went through a process of attempting to define the problem by recognizing there was a problem, naming it, and locating the problem. The outside view had a powerful impact on participants' views and reactions, paralleling each stage of the process that participants went through for themselves.

Recognizing There is a Problem

All participants spoke of their experiences in coming to recognize there was a problem with regard to their child. Of the 7 participants, 6 noticed that their child was "different", "difficult" or both, before 1 year of age. They noticed that their child did not grow out of certain behaviors as expected but continued on past normal age. Behaviors such as sleeping problems, lack of compliance, screaming and being difficult to settle were often mentioned, making the early days of parenting a trying experience for participants. The extended transcripts are presented here to serve as an introduction into the interior of the lives of the seven participants and their children.

Well, Scott's been...difficult to parent since he arrived. He's adopted, both my kids are. Scott... came to us one week before he turned 7 months. So it was a kind of a critical age for him in terms of attachment to parent and...I've no doubt it was really difficult for him....But right from the beginning, he was certainly different...Scott wouldn't just lay there and let you change his diaper. He'd be kicking at you and sort of making it difficult... If you'd pick him up, he wouldn't snuggle in the way other kids might. He would be more prone...to grab you... bang his head on you or do things that made you want to...put him down probably. Scott was certainly...stronger willed even at 7 months so that if he didn't get what he wanted right away, it was like big screams and yells and kicks and that kind of thing. (Karen)

Michael started exhibiting his behaviors...he was probably just over a year when I started to notice and it was also accompanied by ear infections. Looking back now I realize that his anxiety disorder was probably already there but it was just magnified when he had any other stressor in his life. And Michael had ear infections continually for about 2 years and he was sensitive to almost every antibiotic we put on. So if you can imagine a child who normally has a behavior disorder, he was 10 times worse on these medications. He would wake up...and he would scream... he was just uncontrolled. He was hysterical and I would try to hold him to comfort him and he would flip out and flail... and it would it literally go on for an hour and a half. (Sandra)

Sara's been this way since birth. I just think it's something she was born with.... I don't know when exactly we picked up on it. She was OK the first while but then... that Xmas season,she was 1 month old ...There was one night, I think I spent the entire night up with her walking and she was just crying and she just would not settle down. And I couldn't put my finger on it. But looking back on it, I think that the holidays were just too much for her, even as a 1 month old infant. They affected Sara to the point where they disrupted her routine enough that she was thrown into a state....to her, she was feeling horrible...a change in routine...we were all trying to figure out what is it... the more we got used to her...the more we saw, and we saw fairly early that Sara was going to be a strong-willed, a stubborn little girl. (Liz)

My mom got me thinking about the speech problem... but I didn't really think Kevin had a behavior problem ... But what I noticed was he was about 1 and he had a screaming fit and...this ear pitching screech. So I guess that was the first sign, but I didn't put two and two together then...but I guess it was...[a tantrum]. Kevin wasn't walking or crawling yet. And he just laid on his back and he just screamed. (Joanne)

> Basically it started when Chelsea was 8 months old. She started to bite herself as a baby. And that was one of my first clues so I just sort of watched from there. And as she got older she would start throwing temper tantrums where she would throw herself on the floor, start screaming away and not stopping... she'd get frustrated when she's trying to play with toys. She was not even a year old. So I recognized these signs at quite a young age... and as Chelsea got older, the more her behaviors progressed, the worse they got and the more different types of behavior that she got along the way. (Debbie)

> As a baby Ian was certainly different from my first child because she was starting to sleep through the night when she was a month and a half old. But this guy just didn't sleep. Ian would wake up 2 and 3 times in the night Ian was very good in other aspects...but then when he started to walk and develop that way, he just seemed to be into everything. And I could pull him down off the counter 30 times in one day...but it didn't matter to this guy. He would be up on the kitchen counter, and I seemed to be just forever pulling Ian down and saying, no, you can't be up here...a little over a year, I guess when he was [doing this]. (Marilyn)

In contrast to other participants, Cindy saw her child as normal and active at 2 years of age but by age 4, she noticed differences that to her, signaled a problem.

> As far as it went, Steven was a pretty good kid, he was really bright and active. Not really overactive. He's always been outgoing and friendly with people....He wouldn't have been 2 yet ...Steven was doing fine...but he just seemed to get more active...each time I'd take him out, he seemed to get a bit worse....And he's just slowly progressed to the point where it's like, where did this child come from? I look at him when he was 2 and I look at him now when he's 4 and there's such a big difference...I have no idea what...happened but the threes seemed to be worse than the twos and when he turned 4, Rob [my husband] said, "How come he's still doing this"?...and he's been getting worse. (Cindy)

As reflected in their stories, the majority of participants were quick to recognize difficulties and differences very early on in their children's lives.

Naming the Problem

Naming the problem was closely tied to other subthemes of locating the problem, recognizing there was a problem, and the outside view of the problem, all of which were a part of the process of defining the problem. In attempting to define the problem from their view, participants often found that trying to answer the question: "What is it?" proved an elusive task due to the complex and changing nature of the behaviors of the child. The sporadic and often unpredictable nature of the child's behavioral concerns also served to make it more difficult for participants to clearly name the problem. With the exception of one case, behavioral concerns were often accompanied by other developmental concerns such as speech and language or medical concerns such as ear infections, allergies and asthma. For participants, this further complicated the task of naming the problem.

> Well, the thing is what are you most concerned about: his behavior or his speech. And I can't really give an answer, which one to pick. Because Steven's behavior is sporadic and his speech is. Like the other day I took him to my mother's, she said he's talking really well now. I said, yes. Other days, it seems he can't get words out half the time. Oh yes ...[he is unpredictable]. Really. (Cindy)

> Different foods will also set off Chelsea's behaviors... There's alot plus allergies plus her asthma plus I'm sure all of her communication because she is delayed in her speech... and language skills, expressive and receptive. That also adds to her frustration because we don't understand what she's saying. (Debbie)

Participants often shifted in their own view of what the problem was and the label as such. Sandra moved from viewing the problem as a medical condition or chemical imbalance to a clear concern with behavior.

> This was our theory, [my husband Dave and me]... that it was his ear infections and if we could have some surgery on his ears, that our problem would be solved...Then a couple of months after surgery, I went back to my family doctor and said the ears are fine, but his behavior is continuing and I think he has a behavior problem...[He was] 3 1/2 and I said I think he needs to see a psychiatrist and he said I agree...I think it was alot realizing that he had a behavior problem because for the longest time I truly believed that the only reason he was misbehaving was because his chemical balance was off. (Sandra)

Naming the problem was often closely tied to the issues of recognizing and accepting that there was a problem. Marilyn began to notice persistent differences in her son's behavior but kept "chalking it up" to various factors of gender, personality and age in a process of normalizing it for herself.

> I was just chalking that up at first to the difference between boys and girls and just different kids, different personalities. So I thought well...Ian's just a different kid....And I started thinking this kid is kind of the odd man out. But it was still at the point where he was young enough that it was just chalked up as being a rambunctious little boy, right...I was beginning to have feelings that there was something more there. Just sort of inklings of it. I was still just chalking it up to his age and just a different kid, an obstinate little kid. (Marilyn)

In the process of naming the problem, two participants had a very clear view of what the problem was and labeled it with a strong sense of conviction. Liz found the label of "spirited" fit her daughter very well. Karen had no doubt that her son's problem was strictly behavior and that he could control it when he chose to.

> Well Sara's very challenging...And I have a book which is my favorite, called "The Spirited Child". So I like to think of her as a spirited child...And this book does put everything in really nice terms and points out the positives to their behavior as well as the negatives. I like to think of Sara, she's one of these spirited ones. (Liz)

> It's purely behavior. Scott's not hyperactive, he's not attention deficit... He's impulsive...but he has the ability to control it. And part of it is defiance because I can tell by the look on his face...And he'll hit and kick and bite and scream...it is total resistance. There's some impulsivity but... in the middle of a tantrum, Scott has the ability to stop and he'll say:"OK, Mom, if you give me that then I'll do this". Sort of bargain, so he's not totally out of it, in the middle of a tantrum. And if I say: "No, you're going to your room", pshhh, (gesture of an explosion) again. So, he can stop it. (Karen)

Some participants relied on their own professional experience to help them define and name the problem. Debbie used her years of experience in daycare to help her detect and identify problems outside the normal range of child development, while Karen used her clinical experience to consider an appropriate label for her son's problem.

> [With my husband and I]...the DSM- IV is in front of both of us all the time. You can't help but think, oh god, what are we working with. But I've never thought Scott has fit into any... a bit oppositional defiant, but I don't see him as being a potential conduct disorder. I'm certainly aware of all the stuff that can go wrong and I see the results of it all the time but he's never seemed to fit into those things. It hasn't been a big worry for me. (Karen)

Summary. In attempting to define the problem, the process of naming it was complicated for participants by the complex changing nature of their children's behavior. Participants used their own knowledge and experience to either normalize and rationalize their child's behavior or to clarify and select an appropriate label.

Locating the Problem

In trying to define the problem for themselves, participants located the problem in different places: in themselves- "I am the problem", in the child- "He/she is the problem", or in both- "We are both part of the problem." Several participants moved through these locations in an evolving process shifting from an internalized view of "It must be me" to a broader more externalized view of the problem within a position of reciprocity: "Not either me or him, but both of us." Cindy saw herself as the source of the problem while Joanne moved from that view to recognizing that her son played a role. Sandra moved to a point where she adopted a "both and" view, in which both she and her son were a part of the process.

> I don't think there's anything wrong with Steven. I just want to know what I'm doing wrong. Parenting is something you learn...yes, how did I create this little monster... I look at him and think...how did this happen?... not only the fact that what did I do wrong. But what am I doing wrong? Cause...it's something that's developing but I felt it's something that I should be able to slow down...I keep hoping that it's something I can change. (Cindy)

> I didn't really think Kevin had a behavior problem cause I just blamed that on me and I thought oh no, what did I do to this kid...So once I got strong enough to realize he had all his tempers, just not because of me...it wasn't me. Cause I thought that I had done something wrong. And when I got strong enough to realize it wasn't my fault. It was just him trying to push the buttons, going through another stage...Then it was a whole different story. (Joanne)

> And yet, I still believed....[it was all biochemical]...because we would start these medications and I'd see this glimmer and Michael didn't act up for a couple of days...and then as I started to go to that support group...and realized that other children had behavioral problems...but I just didn't think Michael did. I'd hear them talk about solutions for difficulties and then I'd think...these things are obviously working and effective and I guess he does have a behavioral problem...It was a little bit hard on my ego though, to realize that maybe I was part of a negative process. Because being a mother is very important to me...I slowly came to realize that we both were a part of the process that had been happening....That's right. It was inevitable...we're going to affect each other. (Sandra)

Karen was unique in that she seemed able to move to a more complete externalization of the problem: "The problem is the problem, not the child or me." In so doing, she was able to distance herself as a person and minimize the impact on her sense of self-esteem.

> And I think part of it was that I felt that Scott's behaviour,well he was a difficult child. The behaviour, I don't know what it means, it means something but that it doesn't mean that I'm a terrible parent. And if I would have felt that, I probably would have viewed things in a different way. So it didn't affect my self-esteem. (Karen)

Other contexts were important in locating the problem. Differences were noted in the child's behavior, dependent on context, whether in was in the context of relationships such as the father, or in a different geographical context such as daycare or play school. In the process of locating the problem, new meaning was brought to the Cindy's view of what the problem was, and that it had to do with both parents, not just her.

> I noticed Rob would take Steven out once he was old enough to walk...And he would come home and he'd say, "I'm never taking him out again; he was horrible"....Rob found him difficult, disobedient, away from me... When I left Steven with my parents or my friend , they never said that he was bad or anything...he was actually quite good. But whenever he went out with his dad, he'd go crazy for some reason. (Cindy)

Summary. Participants moved through a process of locating the problem where their own view shifted. Most often they began at a position of self-blame to one acknowledging the child's role and then to a reciprocal position including both parent and child. Experiences in other contexts facilitated the locating process.

The outside view of the problem had a powerful impact upon where participants located the problem. More often than not, participants took in external views to confirm they were to blame for the problem, they were the cause. This aspect is encompassed in the following subtheme, the inside/outside view.

Inside/Outside

The outside view affected all subthemes of defining the problem, including recognizing, naming, and locating the problem with participants experiencing and expressing strong and varied reactions to each aspect.

The outside view was voiced through numerous individuals and contexts, moving outward from close personal connections such as husbands and extended family, to increasingly more distant connections such as friends, neighbours, teachers, daycare staff, physicians and other professionals, to the general public.

While all participants were affected by the outside view of defining the problem, the impact varied in intensity and valence. The meeting of inside and outside views more often created dissonance rather than consonance or agreement with the participant's own view of the problem. The emotional reactions participants felt were powerful and left them feeling either clearly negated, with a sense of isolation, or clearly supported by the outside.

Inside/Outside- recognizing there is a problem.

Husbands and extended family members, especially mothers, were often a part of the process of recognizing the problem. While some participants gained support for their views, others felt negated by family members.

> My mom noticed that Chelsea was very active...at a very young age...It was a support ..for me.. it made me feel comfortable Somebody else well because it wasn't just me, it wasn't just in my head, I wasn't making it up, or...you're just overreacting... so it was kind of it was nice because somebody else saw.... Jim [husband] knows that she is difficult. He's

> starting to accept that, that she is difficult because he always says: "Yah my mom was kind of wishing I'd have a child like I was". (Debbie)

> I feel that it took a long time to get the support and recognition that Michael did have a problem....And I remember [my mother] coming in the house and I said "I've got to prepare you,he is extremely hyper" and she didn't believe me. She thought I was overreacting. I heard her say to someone two days later: "Oh well I came into the house and Sandra said he was hyper and I thought, oh Sandra you're always overreacting. But boy when I stayed there with him I knew what she meant". But she was laughing about it as if it was funny. And it wasn't funny, it was tragic, it was agonizing, it was desperate. I was just totally at the end. I had no where else to turn. (Sandra)

The majority of participants (4 of 7) spoke of the role of friends and colleagues as a part of the process of recognizing the problem, with both negative and positive effects in confirming their own inside experience. Marilyn's concerns were minimized in her colleague's attempts to make her feel better while Sandra was grateful to find someone who would validate her experience.

> I would tell him [colleague at work] stories about this kid. He would just kind of chuckle and say..."He's sounds like a very determined willful little boy";"Ian's giving you a hard time now, he'll probably be a wonderful teenager". He was trying to make me feel good about it...And I'm thinking well I don't know that I can wait that long. (Marilyn)

> I had one girlfriend...she would say "I can't believe the stories you're telling me!"...but she would say "I agree this is not normal". And it was like hallelujah! Somebody is seeing it from where I'm seeing it because I certainly wasn't getting any support from my family....She acknowledged that yes, there was a problem and that to me was really helpful because it was more or less giving me credibility for what I thought was happening. That yes, this is not normal. (Sandra)

Teachers and daycare staff who had worked with the participants' children contributed, with their views, to the process of recognizing a problem, again with a range of reactions from participants. Both Debbie and Cindy were frustrated when staff did not see the problems they were seeing, even though both participants observed the problems in the play school and daycare settings.

As might be expected, medical professionals such as family physicians, pediatricians and psychiatrists played a significant role in the process of defining the problem. Participants voiced strong reactions to the medical views expressed in coming to recognize there was a problem. Both Karen and Cindy resisted the concerns expressed by their physicians; Karen hoping her son would grow out of it, and Cindy feeling insecure and defensive about his inquiries. Sandra and Debbie, on the other hand, could not get their physicians to listen and recognize the extent of the problem.

> When Scott was probably 2 1/2 or so, at my pediatrician's, I remember talking to her about it. And she said, "Well there are programs at the Hartley but I thought no. He's still, in twos...and we'll deal with it ... and I was hoping he'd grow out of it, I still am. (Karen)

> He [family physician] would say "Does he listen to you, is he always this active". Just simple things like that...And then he asked me once, "Are you concerned about Steven's speech"... And at that time...I just thought that was normal for kids. He said , "Well if you want, I can see about getting some help"...I suppose I felt Dr. T. was threatening somehow. Threatening the security of my family...you want everybody to think that you've got the perfect family and you don't...So, I guess I felt defensive that I wasn't fooling everybody that everything was perfect. (Cindy)

> Looking back I see that many health professionals, mostly doctors didn't see or wouldn't take the time to find out what the concern was that I had...I had a family doctor at that time and he'd say "Oh that's a tantrum". But that was it...they weren't even listening to my story. They were telling me before they listened. (Sandra)

> You want to know that you're being heard, you're being acknowledged. Yes your child does have difficulties. Some people, professionals say, "Well she's not that bad". And I get so annoyed. I say if only you knew, if only you could come spend 24 hours a day at my home. (Debbie)

Liz was the only participant who did not involve her physician in her concerns about her child. She was not convinced her doctor had experience with spirited children or a philosophy of parenting that was similar to hers.

As they incorporated the outside view into their own process of recognizing the problem, participants moved through a variety of contexts, from family and friends to professionals. They experienced a broad range of personal reactions from support and validation to self-doubt and isolation.

Inside/Outside- naming the problem. The outside view was an important source in the process of naming the problem, particularly when a diagnosis or label was offered. Marilyn was given several labels and each time, the experience was one of shock and disbelief that often left her reeling and confused.

> [The pediatrician] said, "He looks like to me like he might be mildly autistic." It was being hit across the back of the head with a baseball bat. I went there expecting...attention deficit or something along those lines. But instead he hit me with that one. I thought the Doctor was an idiot. Because autistic kids were head bangers...
>
> At that point we were still thinking attention deficit and she [therapist] even came across an article about a little boy with Tourette's syndrome. And I started reading that thinking boy we might be dealing with that too. Just some of his characteristics, he swears alot...
>
> And then we had this grueling 2 hour assessment with Dr. N, Ian and I and Susan [sibling] as well,...So at the end of the assessment she finally gave me a label as best as she could. Which I didn't really understand. Like I still didn't know what is this. I was told we were dealing with atypical pervasive development disorder. I said so should I pursue the support group for attention deficit. She said no. She said, you'd be better off getting in touch with the autism society . So that kind of set me again cause that was alot more than I bargained for..And it still is a lot more than I'd bargained for. (Marilyn)

For 2 participants, getting a label brought with it a picture of a lifelong condition, accompanied by new fears of "a lifelong hell of difficulties" and new restrictions, "the end of my normal life." At the same time, Debbie drew upon her own experience for a sense of hope.

> So I found atypical pervasive development disorder there...and read it through. This fits.This fits. But it was described as serious lifelong ...and I thought boy, lifelong. Like that's the end of my normal life. I thought, well, probably never be able to leave him alone & go on a holiday when he gets older. Probably won't be able to go to normal school...That's how it felt. (Marilyn)

> The research that I've read on it [attention deficit disorder and hyperactivity] is that it carries on into adulthood. They don't grow out of it. ...I thought , Oh a whole hell, a lifelong hell of difficulties...Sometimes I feel that way. Other times I think well OK well I had problems in school, but I survived it...but I did OK, I didn't finish high school but I went on to go to college...so to me it's not the end. (Debbie)

For 4 participants, the outside process of naming or labeling the problem often brought a sense of relief by relocating the problem away from them as being the sole cause, and by offering the possibility for some support or change. In this regard, the outside view served in a positive way to facilitate the process of defining the problem. Both Sandra and Marilyn described the sense of vindication that the diagnosis brought them as parents as well as the possibility for more resources and support.

> When I was given the diagnosis [of obsessive compulsive disorder..and attention deficit hyperactive disorder] there had been so much denial around me that there was anything wrong, I thought that there must be something wrong with me...But once she told me the diagnosis, it was relief more than anything. Finally we have a label to what's been happening and ...although the parenting relationship with the child is always very much intertwined with their behavior, it wasn't a parenting problem...not just me... It was just like a big weight off my shoulders... When you know there's a diagnosis and you're working with a child psychiatrist, you know that they have some tools to work with. So both my husband and I felt very relieved. (Sandra)

> It did ...[help to have a name] because there were times when you'd think, am I just screwing up as a parent here? Am I way off base with my parenting that this kid is so defiant and so oppositional and so totally resistant to any form of discipline that I use. Like.. what have I done?...So the assessment was good and it was bad cause we got this diagnosis. So it was a down because it was more than I had bargained for. But it was positive in that I felt that I was in good hands with Dr. N. She not only made this diagnosis, she said and this is what we're going to do about it ...and that was good...Somebody helping me and steering me in the right direction as far as what was going to help him. (Marilyn)

Cindy offered a somewhat different perspective about labeling. Although she had not yet been through the process with her son, her own experiences with depression clarified her view; it was not the name or label that was important but whether there was the possibility for change, for helping.

> I don't think it would really bother me; putting a name to it doesn't make it go away. I suffer from depression. I can shout it from the top of the High Level Bridge and it's not going to make it go away...Where's it's going to help is. OK, if they tell me it's something wrong and there's absolutely nothing they can do. Then that will really bother me. If they tell me it's definitely something and there's something they can do, then doesn't matter what they call it...they could tell me he's got cancer. But as long as there's something that we can do to help him...and they tell me they don't know what it is but they have a few ideas, and we'll experiment ... As long as if they tell me something to help, I don't care what it is. (Cindy)

The significance of the outside perspective in naming the problem was clearly evident as was the tremendous emotional impact this had on participants.

Inside/Outside- locating the problem. The issue of locating the problem, or to phrase it as a question: "Where or with whom does the problem lie?", generally created dissonance between inside and outside views. Participants were often left questioning or blaming themselves, questioning the unfairness of it all, and feeling once again, a sense of isolation. Debbie and Sandra both used the words "so hurtful" to express the pain of their experience.

> What am I doing? I wonder...at times... it's frustrating cause I know that it's not all me...and it's a frustration for parents of children that I've worked with too. Now I understand what they're seeing. The parents always get blamed for the children's behaviors and it's so hurtful. Cause it's not necessarily parenting skills. Yes your parenting skills play a part in working with your child, how you discipline. Those all have a place. But these children also because of their brain processing. This is the way they are...but people don't understand. They think it's the parent's fault . Because... if you'd look after your child better, your child wouldn't be this way or behave in this manner...and it's disheartening. (Debbie)

> In my family there is a lot of history of mental illness and behavior problems and I think denial was a big part of it...and that to me was incredibly difficult because when Michael was starting to exhibit the problems, it was me who was blamed...And still the last time my mother discussed it, saying that the reason Michael went a bit whacko was because I suffer from depression and I wasn't there for him... It was so hurtful...so what that was saying to me was everything is my fault then. Every time he acts up it's my fault....And apparently she spoke to the rest of the family. People avoided me to a large extent. (Sandra)

Summary. The outside view assumed a significant role as participants moved through the process of defining the problem. As participants sought validation in the recognition of the problem, they were to find it in a variety of contexts. The outside view was significant in naming the problem, and had a powerful emotional impact on participants. The outside perspective in locating the problem created the most dissonance for participants, leaving many of them with feelings of self-doubt but for some, eventually gaining a sense of vindication as the parent.

Theme 2: Getting Help And Support

The theme of getting help and support encompasses the experience of participants in the active process of getting help for their children and themselves, as well as describing the variety of different supports they found for themselves. The theme is closely tied to the subtheme of coping strategies that participants described within the theme of "Learning from living: Personal transformations."

While all participants spoke of their experience of getting help, each illuminated or highlighted aspects which were important to them. While some found it a difficult frustrating experience and others viewed it in a more positive light, the majority reflected at length upon their own personal reactions to the experience. In the sometimes frustrating and difficult process of seeking and getting help for their children, participants spoke of the new sense of assertiveness and confidence that it offered to them.

Deciding to Get Help

A variety of events brought participants to the point where they decided to get help. For some, the child's behavior in another context such as play school was the deciding factor, as reflected in Marilyn's experience. For others, it was their continuing frustrations at home, a sense of "nothing is working." Karen and Cindy, each in their own way, came to this same point.

> I finally decided about a year ago, we really do need some help... I've tried all the things that the books recommend, this isn't working ...the rest of us were sort of somewhere in the background, including my other

> son...it was always Scott, because of safety... And Scott was also aggressive...he did alot of hitting and he was getting worse... by that time I decided, yes, we need some help so I went to my doctor and said can you refer me to the Hartley. (Karen)

> I made the decision [to get help] and I think it's about a lot of trust . I didn't have alot of trust in my life. And the first person I ever trusted was my psychiatrist. I said this isn't working for me, someone else has to intervene somehow and help. I gotta trust somebody. And I think it's the same with the kids. I gotta.. say, this isn't working for me, rather than hold onto your pride and say, well I can do it. (Cindy)

While 6 out of the 7 participants began by seeking help for the child first, Sandra found she had to get help for herself before she could deal with her child's concerns.

> I started to work on myself...with my depression...the post-partum depression support group...really started to help me and I think the medication kicked in. And I really changed the way that I was treating myself...And I found that when I built on those strengths, then I started to really improve...I think in terms of Michael's situation, because I hadn't been a parent before, I didn't even know what normal was because he was my first. I didn't have that confidence. But I guess...I knew myself and I had a little bit more knowledge of my own health in terms of knowing that wasn't right. So I guess that's where...things had taken us. (Sandra)

Seeking the Right Resources

Having made the decision to get help, many participants found they had to adopt a proactive stance. They had to seek out their own resources not only through professionals but by informal networking through friends and colleagues. Three participants found this aspect frustrating and difficult, either because of the "waiting game" or because professionals would not take their concerns seriously. Through persistence, they eventually found someone who was understanding, accepting and resourceful.

> So we started playing the waiting game... Oh, it could be 6 months... So I thought 6 months. No...I can't do it..can't wait that long. So I started talking to other people to see what some of my options might be. I ended up phoning...the Health Centre... and got the same answer which is...we have 100 kids on the waiting list...I was just getting so tired of waiting and Ian's behavior was just getting so ridiculous that I could barely get out of

> the house. I knew they had counselling services through work . So I went there with the hopes of getting some help for Ian. (Marilyn)

> My pediatrician...he's been very helpful but when I told him I want my daughter assessed for attention deficit and hyperactivity. "Oh no, she's too young and I can do it myself." And I said no. I want her assessed at the Hartley. "Yeah well wait till she gets older when she's in Kindergarten". I said no. By then it's too late for children...I said I know that you're not acknowledging me as a parent or daycare worker...I have the knowledge, I have the experience. So I went above his head and got her seen at the Hartley...I had to fight for all that. And it's like what do you know, you're just a parent who has a child. I'm the Doctor here. And I think doctors don't like to be challenged...And you're coming in here telling me what I need to get done for your daughter? (Debbie)

> That was my life was going to the doctor's but I wasn't being listened to...treat the symptom and send you out...But they never once asked: "How is this for you"?, How is this working"...getting any deeper than what was the surface....So then I phoned another doctor...he was the one who first believed me and gave me the referral to an ear specialist. You have to have someone in the medical profession to believe you before you can get the referrals...we had the ear surgery done...and he hasn't had an ear infection since. It happened that my supervisor had a son who had ADHD and she mentioned Dr. N to me....So I phoned up and described these symptoms over the phone and they set me up with an appointment with her and the rest is history. (Sandra)

Karen had a different experience; she knew exactly what she wanted for help and sought it out quickly while Liz chose a resource other than the medical route for help.

> I knew exactly where I wanted to go. Said to my Dr., refer me to the STAT program, I don't want to go through social workers which is the route they usually get in. And so, she gave me a direct referral and by about June or so, I finally got in. (Karen)

> The family doctor wouldn't really see enough to really notice...I'm not one to really talk about parenting things with the family doctor... And I don't know if she's had any experience with spirited kids. I get a lot of parenting advice... a lot of support and ideas from the LaLeche League... it's not just nursing there, it's the whole parenting approach. (Liz)

The Journey of Getting Help

The process of getting help was well described by 2 participants. Debbie saw it as an ongoing fight for funding that angered and exhausted her while Sandra viewed it as a roller coaster ride filled with difficulties. Both relied on their own professional experience and connections but Sandra wondered how a parent would manage to get help without having that kind of knowledge.

> As a parent you want what's best for your child, whether there's funding there or not. You're going to fight tooth and nail and it's like I have to fight... And I don't like labels but nowadays if you want help for your child, you have a label...Or not having help for the family. Like usually if you do get funding you only get funding for the child; the heck with the rest of the family...They have to have so many different delays, but behavior alone is not a reason to have funding which really ticks me off because I work in the field, I see what's happened to child after child. I see these children that, unless they get help, they're going to have more difficulties. And it just annoys me. (Debbie)

> And again, it's a journey that we're going on and it's up and it's down... yes, it's been a real roller coaster ride...But I was thinking to myself, I consider myself to have a bit more savvy and knowledge of the system than the average person. Look at the difficulties I had in getting help. What about the mother who doesn't happen to be a nurse, who doesn't have a colleague who knows better, or knows somebody that can help. Where would they be? (Sandra)

Getting Help: Personal Reactions

Despite their struggles and frustrations, the experience of getting help was, for three participants, very positive in strengthening their sense of self and personal agency. Debbie and Joanne had both been quiet and relatively unassertive until the challenge of getting help for their child was placed before them. A new sense of confidence and assertiveness emerged in both of them.

> I learned how to fight back. I never used to...Now I question everything, I fight everything and I have only lost one appeal....It's made me a stronger person...It makes me feel good. Because I know what I'm talking about. (Debbie)

> I was used to be a quiet kid,...in the back of the crowd, I hated being centre of attention. But when you had Kevin, you're thrown in the centre of attention, whether you like or not....And I have learned to speak up and get him [help]....Like when I went into play school, I talked it over with the teacher and explained to her what child was coming....that took alot but I did it and.. it takes alot for me to go... but every time I do it, it gets easier. (Joanne)

Karen's experience was unique however. Although she had found it relatively easy to access help and resources, it was the actual meeting with professionals that left her feeling emotional and vulnerable. She struggled to come to some understanding of her emotional reaction and tears; the idea of having to come for help after trying so hard held some credence for her experience.

> As I look back, I think...it was probably my own stress....But, finding somebody who could help, who was there to help... being stressed over the years, finally getting help. I don't know if finally going for help or having to get help had anything to do with it... but walking in ...with my little boy... the identified problem, and not being able to cope... to put in a tremendous amount of energy...And to not be seen as making progress, I guess. (Karen)

Supports

Throughout the major themes of defining the problem and getting help and support, participants referred to their own sources of support that were important to them. As seen in the subthemes of " Inside/outside-recognizing the problem" and "Seeking the right resources", family, professionals and particularly friends figured largely for participants in having someone who perhaps shared a common understanding and thus acknowledged or confirmed the participant's view of their own situation with their child.

Participants spoke of the universal need for having supports in their lives to affirm and cope with their experiences of parenting. When those supports were absent, participants often voiced a sense of isolation. Interestingly, there was considerable diversity across participants' experiences both in terms of the variety of the sources of support and the varying degrees of support they experienced, ranging from totally supportive to completely negative.

The valence (positive or negative) attached to a support was affected by the context of the participants' own family experiences as well as their present family and marital situations. For example, some participants found their husbands and their own parents to be tremendous sources of support while others found just the opposite.

> No I don't ...get alot of family support with Chelsea...I don't see my family hardly at all... when my brother was in jail everybody was right there for him...but yet when I want the help, I didn't get it. So it's hard...I'm on my own now, I have my own family, I will look after my own family...I got supports now for help with Chelsea, the family consultant...and the other outside help... that's like my family too. So that's sort of compensated. (Debbie)

> I guess the only thing that kept us going was that we had someone [Doctor] who was willing to continue working with us. And even having that home line, that answering machine, knowing that it wasn't through a secretary that would get lost. That was extremely helpful because I felt...that there was still a connection there, that I wasn't left dangling on a rope. (Sandra)

Summary

The theme of "Getting help and support" illuminates the difficult sometimes lonely moments experienced by participants. However, it also provides witness to their growth in personal strength and agency as several participants learned to take a proactive stance in accessing resources for their children and themselves.

Theme 3: Living It: The Experience of Parenting in the Present

For all participants, the processes described in the themes of defining the problem and getting help brought forth descriptions of what their child was like to live with. However, it was framed more within an historical perspective, encompassing the years since the child's birth. The theme of "Living it: The experience of parenting in the present" focuses on life in the present and illuminates the inside view, the day-to-day reality of parenting a young child with behavior problems.

The experience in the present is viewed from the two frames of context and transformation. The theme of "Living it" focuses on the contextualized nature of participants' experiences of parenting while the theme of "Learning from living" focuses on personal transformations participants have undergone, having been through the experience.

The meaning of the experience is framed by the context of the experience, whether in the context of people or places. As it is with a stone dropped in still water, the contexts unfold as they ripple in ever widening concentric circles away from the centre. Starting from the child at the centre and moving outward to the parent and child, and then expanding to the family and further, the reciprocal interactions of the people and places are reflected in the lives of the participants and their children. The contextual frame of the child and parent in relation with others, moves outward from close family connections to the general public.

Living With My Child

Common experiences emerged as participants described the positive and the negative aspects of their children's behavior, and the impact it had on them. The inconsistency and unpredictability of their children's behavior led several participants to speak in terms of good days and bad days, which not only made it difficult to define but made it very difficult to live with. They also noted the changes they were seeing in their children and what those changes signified to them.

Living through the bad days. As stated, good days and bad days were often determined by the inconsistency and unpredictability in child behavior, which seemed to occur despite parent efforts to intervene and control.

> She just goes from one behavior to the next and the older Chelsea gets, the more behaviors. And they come and they go. One day it might be the biting , the scratching, the hitting or throwing toys and the next day, she may be fine...Cause you don't know what's gonna happen...so it's a long haul. Sometimes hellish days...and it doesn't matter even if you can be the most consistent person...out the window. If she's gonna have one of those days, she's like that for the whole day. (Debbie)

In recounting the bad days with their children, common descriptions emerged which often focused on the issue of safety, a real daily concern for participants. Three participants voiced their own panic and fear due to their child running away, either from home or in public.

> The other thing Ian did was he would escape. It was just a month before his 2nd birthday when we called 911 because he got out of the yard. He vanished. I thought he was in the house....And it was 40 minutes before we found him... And after that point I just had to be on my guard so much because this kid at any given opportunity would leave the yard...if he ever got out of my sight, I just got sick with panic cause I knew that he would just take off. Have no fear of doing that. (Marilyn)

Four participants recounted more of their own harrowing experiences due to their child showing little fear and thus engaging in, sometimes almost seeking, high risk situations where again, safety was at issue. The children seemed to show a higher tolerance for pain and didn't seem to learn from previous dangerous situations. For the parent, it meant always having to be on guard, always watching and thus being restricted in their own activities.

> It's normal for kids to get into trouble but Scott was into major trouble all the time...he seems to have a high pain threshold...so it was like he didn't learn from other stuff that kids might learn from or, falling...he'd just smash down and just get up and away he'd go, whereas other kids would be crying...so it didn't seem to literally hurt him as much to take those risks...so Scott didn't seem to learn right from the beginning that no was no and... the no's seemed to get him more excited if anything...it was...almost like a challenge. (Karen)

Tantrums were a common occurrence but were usually extreme both in their length and the destructiveness and aggression that often accompanied them. Marilyn described her son's tantrums as "rampages" that frightened her because of his complete and total loss of self-control. Sandra's description of her son's tantrums emphasized how such behaviors placed restrictions on the parents' lives.

> We ended up being invited out to dinner which doesn't happen very much and he had this huge tantrum there which I ended up having to take him to the car, and then he attacked the hostess - physically. (Sandra)

Participants described their children as being highly sensitive with behaviors which were often perseverative in nature, ranging from continual questioning to engaging in repetitive obsessive compulsive behaviors.

> Michael's behavior was so extreme, he would get onto something and he couldn't get off. If you said the word ice cream at 7:00 in the morning, it would be ice cream a thousand times. There was no way you could discipline it until you brought out the ice cream. But it could be anything...and you couldn't get him off it. (Sandra)

Aggressiveness and acting out were key features of child behavior noted by all participants except Liz. Although her daughter engaged in some of the behaviors described by other participants, such as tantrums, Liz offered a somewhat unique picture of life with her daughter Sara on the "bad days". Rather than acting out, the defining features of Sara's negative behavior were her resistance to change, her extremes in moods, and her strong desire to exert complete control over her environment.

> So..[with Sara] it's a major control thing...[if] she was losing control of the situation then that was unacceptable...she didn't like the fact that she was losing control of the situation and she wasn't sure how to react other than with a tantrum...And you can tell these [spirited] ones. They're just more of everything. They go from 1 extreme to the other. She's very happy or she's very sad...within 5 minutes she can be the other way around... She's very resistive to change...just yesterday I got my hair cut. For 2 days prior to that she spent the entire day screaming and crying and throwing tantrums and thinking of anything she could for me not to get my hair cut...Anything new and different.. there's still that adjustment period. It's often the very first reaction is no. A whine in her voice is a very usual thing and..[the helplessness]is there all the time. (Liz)

Participants spoke at great length of the emotional and physical toll on themselves from the experience of living through the bad days with their children. Images of preparing for battle emerged as participants described the constant tension and anxiety of having to be on alert, having to be on guard and be ready to take action at any time, not knowing what to expect. The price of never being able to relax left many participants feeling fatigued, physically and emotionally drained of energy. Participants commonly felt tremendous frustration at not being able to predict or control their child's behavior. They often felt robbed of time and space for themselves due to the constant demands put upon them by their children. In response to these days, participants would often stay at home and avoid going out to friends or out in public. Although it solved the dilemma of having to deal with their child's behavior, it resulted in feelings of isolation and disconnection from others and then a sense of failure as a parent.

> [So I was adjusting my life] totally. Like I felt very trapped in a sense that I just couldn't get out and do the things that I needed to do. Or when I would do them, it would be a total ordeal. There was just so much anxiety all day. There still is. Like I never know if he's going to co-operate. Is he going to eat his breakfast. Is he going to brush his teeth? Is he going to co-operate with getting dressed? Somedays, goes off without a hitch. Other days, everything is a battle. And so you never know...I'm exhausted, I'm emotionally drained, totally. (Marilyn)

> I had no lifeline. I had no place to socialize...if ever we got together with another friend it was just completely embarrassing because he would start into a tantrum and he would start hitting or flailing... the mother looks at you like why can't you control this kid and then the same message goes back: Well you must be a pretty lousy mom. And then you go back home and stay by yourself. (Sandra)

The intense and at times dangerous nature of their children's behavior evoked a powerful and complex array of emotions for participants, which contributed to the drain of emotional and physical energy they experienced.

> And you're angry, one side of you wants to just grab this kid and thrash him. Absolutely, you do. He's swearing at you, he's throwing water out of the bathtub in buckets...and kicking at you. And you just want to thrash him but then on the other hand , you want to hug him (tears) and say it's OK, because he can't help it. (Marilyn)

Living for the good days. In the same way that participants were hopeful that change was possible and would happen for their children, they also tried to offset the overwhelming number of negative behaviors by pointing out positive behaviors and qualities they saw in their children. Seeing the positives seemed to be essential for participants in helping them to maintain a sense of hope, a sense that things could and would change for the better, that it would not always be this bad. For 5 participants, it was essential to view the child as "not all bad", as basically a "good" person capable of affection, caring and empathy. Participants also highlighted the intellectual, artistic and creative potential in their children.

> In spite of all Scott's negative stuff, he's a warm compassionate little boy...and I think that's kept me sane too that even though this kid is aggressive, it's not that he doesn't have a heart inside. It's not that he doesn't feel for other people...he's tremendously imaginative, loves to play with all kinds of things, plays very well by himself... he's got lots of positive qualities and I think that's helped...Not that I haven't been frustrated and angry but I've never seen it as Scott is a bad child. (Karen)

Living with the changes. For all participants, living day to day with their child, on good days and bad, also meant living with the changes. It was not a direct path leading to improvement and progress; often, negative changes or regression to old behaviors were noted by participants. Participants were forthright and realistic in their view that problems would not just disappear magically and completely with time. What was important to participants was not so much that the change always be positive but the belief that, in fact, change was possible, providing them with a foundation of hope for the future.

> I'm thinking even if I wasn't hopeful that it would get better, it would necessarily change, the behaviors would change at least...if I thought he was going to be always, I can't even imagine because you can't carry a 14 year old up to his room...I was never in any doubt that it would, at some point, turn around...I know it's never going to be easy with Scott. He's always going to push the limits. And thinking that he would grow out of some of that stuff...he has grown out of some behaviors, but of course they've been replaced with different ones, more challenging ones...but we have in the last few months definitely made progress with him. (Karen)

Living Together: Parent-child Interactions

As was noted in the subtheme of locating the problem, the majority of participants held the initial belief that "it must be me" or "it must be the child"; that the source of the problem must reside in one party or the other. Participants spoke of gradually moving to the realization that it was not so much "either him or me" but that both the parent and the child were contributing to the interactions. By moving from a position of assigning blame to a position of reciprocity, where both parties were shaping and affecting each other, participants were able to enlarge their perspective to encompass "the bigger picture." Most importantly, this shift in view broadened the possibilities for change. Perhaps the most significant learning occurred for participants as they recognized that by changing their own behavior and responses, they could have an impact on their child's behavior.

Parents expressed interest in learning more about their own parent-child interactions as was seen in their openness to the videotape experience. They saw it as an opportunity to observe themselves and their child, to perhaps see more, and hopefully to see a different perspective with a view to possible changes. These perspectives are explored further in Part 2 of "Viewing from a distance: The videotape experience."

In reflecting upon their own parent-child interactions, participants not only pointed to their increasing awareness of ways in which they shaped and affected each other, but to the significance of the similarities they saw between themselves and their children.

Shaping and affecting each other. Four participants described, from their experience, how they came to the realization that their own moods and emotional states affected interactions with their child, thus learning the importance of addressing their own needs. Three participants noticed the impact of their own depression on interactions with their children.

> I found myself getting more depressed lately...I don't think I'm feeling more bad tempered because Steven is getting worse. I think it's because I'm not catching myself, Steven is being worse and then I'm getting more bad tempered with everybody and everything...It is just like a vicious circle, yes. So I know my behavior and how I feel reflects on him cause he... acts differently...if I'm not dealing with it, I'm just not dealing with them, I'm not dealing with myself...I'm affected but I'm also affecting them too...it all goes around. (Cindy)

> I really believe that it does make a difference...how you feel about yourself...in their response...some days she can be just hellish the whole day and I'll be fine with it...maybe I just feel more comfortable with it or feeling OK about myself that day....And other times I just have to walk away...it's certainly your mood and how you're feeling. (Debbie)

Researchers have studied the impact of parent perceptions of child behavior upon interactions. Of particular interest with behavior disordered children is how previous negative interactions can be seen to affect parents' perceptions of behavior in the present, perceiving neutral behavior as negative (Wahler,1995). Four participants were able to comment upon their experience with these proximal-distal factors; that is, whether events or experiences from a more distant context (such as marital issues or previous behavior) affected the proximal or present interaction with their child.

For Marilyn, she felt past events had no impact, she was able to keep them separate and deal with what was there in front of her. However, Sandra and Debbie believed they were affected by their child's past behavior and that they often needed some time to make the transition from a negative interaction to a positive one. Debbie had to learn how to do this in a conscious way.

> Even after he had his tantrum, he just expects things to be normal, that mommy's just going to be there and helping him and I didn't feel like doing that at that point. That's right, he expects me to switch it on and off...and then I find I'm ready to just jump on him for the slightest thing. It doesn't last too long but... definitely maybe for the next half hour or hour. Yes it is pretty intense....And I find now when those things happen...I think he does understand [when I talk to him] to a certain extent...but I know that part of it [for him] was just the illness...so a part of it is me understanding his disability. (Sandra)

> I had to make a conscious effort....I had to learn to switch from being angry one minute to being much calmer the next minute....It doesn't always work that way, there are some kind of days where I'll just be miserable the whole day...but I had to learn, I don't know how I learned, but I just started doing it...in my interactions with her. (Debbie)

Joanne found that her past experiences with her ex-husband had a significant impact on how she defined the problem and her own motivation to change her son's behavior. The past also affected how she interpreted her son's more neutral behaviors such when he asked for a drink, and she wondered to what extent her past hurts were affecting her parenting in the present.

> I think the reason it makes me so stubborn, and I don't know if this is the right road to be on, but when Kevin does his tempers, he reminds me of his father so much. And I have decided that, you're not gonna be...it really

> bothers me cause his father has a very bad temper...but he's not going to be able to throw his temper like his dad. I think he should be able to control his...
>
> I know right now it's only juice or milk but I don't want him to get into that routine, that he has to have a drink when he gets upset...I don't know if I'm doing it because I have so much negative feelings against his dad at the moment, but I really don't want him to get into that routine...
>
> [With the custody]...I felt that maybe I was just being...like I'm gonna get you for what you did. Cause he left us and he really hurt us, hurt me, Kevin was only a week old. And I...[wonder] is this for Kevin or is this just because you really have concerns for what he [ex-husband] did. (Joanne)

Four participants spoke of the exhausting power struggles, the battle of wills that characterized interactions with their child. Living through the power struggles helped to point out the effect each had on the other, and from this, the parent often learned more effective ways to deal with their child. Living with a strong-willed child who would not back down, participants usually found they were the ones to give in, whether out of pure frustration or just a lack of energy to keep up the fight. Participants adapted by learning to choose their battles, rather than allowing the child to make every thing a big issue or confrontation. They recognized that the more they reacted, the more the child escalated,and that it made a difference if they were able to stay calm and not react so strongly.

> It's always a headstrong fight. You have to pick and choose your fights with her and make sure it's the important ones. Let her win the little ones and stick up for the important ones...that's what I've learned works best because to her, everything's a struggle for power...and there's no small issues. (Liz)

> Over time my response to all this behavior has become to practically ignore it because for a period of time,it would become a battle of wills. "You stay on your bed until I get this pee wiped up". "No" and he'd be throwing things at me and I'd be setting him back on his bed, eventually spanking and it would just escalate into this horrible thing....Whereas now, things don't become a big deal...the more I get escalated, the more Scott escalates, and he's much better at it than I am. He's always one-upped me...so it would go on and on until I gave up...Yes, (sigh) it's been frustrating...the feeling is frustration for sure. (Karen)

For 3 participants, they noticed how positive changes in interactions occurred as both they and their children learned to read each other more effectively. When they had the energy to try, they found that if they made changes, the child changed.

> It takes alot of patience,alot...it totally depends on how he reacts to what I do...if I get a positive feeling from him then I keep doing that. If I get a negative or I don't really get anywhere, it's like talking to a stone wall, then I will stop it cause it's not going to get me anywhere. (Joanne)

Similarities. Of the 7 participants, 5 noted similarities between themselves and their children. They viewed these parallels as having an important impact, which could be seen in either a positive or negative light. For some of these participants, the parallels between themselves and their child were perceived as strengths which would help their child to cope in life. For others, the similarities meant something that needed to be changed, to ensure the child's experience would be different from that of the parent. Seeing similarities evoked a sense of familiarity, something they had experience with and could therefore use to better understand and accept their child's behavior or to accept new treatment options such as medication.

> If you look back, I was probably very spirited...I'm probably just as stubborn as she is...and I sure know where she's coming from. And I also know at the times when I wanted to be left alone, everyone would just bug me. And knowing that about Sara makes it much easier to just ignore her. Leave her alone, that's what she wants is the attention and just leave her alone and more often than not she does come out of it on her own. Yes, it's easy to see where that's coming from. (Liz)

> I have a tendency to obsessive-compulsive myself and I was diagnosed with depression...And I also know that being on medication has really changed my life as well. I used to be alot less easy-going than I am now and things were real burdens on my mind and I was a very....high achiever to the extreme, to the point where you're just kind of spinning wheels...So when I see Michael becoming obsessed with things, I can really relate to it because that's the way I felt alot of my life - not being able to get off something. It was very familiar and this has helped me understand him. (Sandra)

> I think that we have similarities, we don't like change, we both get frustrated easily and I think that can clash and intensify the problems with her at times...and I'm sure it's this thing with her and me....I think her memory is another strong point for her cause I developed my memory,

> that's what got me through school alot of the time. So I think it's an advantage for her...and I think Chelsea's a fighter too like me, she gets stubborn in her ways too. (Debbie)

For the 1 participant whose child was adopted, she made the interesting observation that her child seemed to be adopting their values, an important similarity that was not so much a quality but was being gradually learned by the child.

> The message is that violence and aggression isn't OK. And he's starting to really believe that it's not OK... So starting to see that it's not OK...and hopefully Scott is picking up what our values are. I don't know why he hasn't before now but he seems to be turning around. (Karen)

Summary. The subtheme of Living together: Parent-child interactions illuminates important insights and learnings participants gained from adopting a contextualized view of parent and child interacting, affecting and shaping each other. They noticed the impact of their own emotional state on their child, and how power struggles highlighted their effect on each other. They saw how more distant (distal) experiences affected present (proximal) interactions, and how being better able to read each other brought improvements. Most importantly, seeing this reciprocal connection between themselves and their child provided participants with an opportunity to make it different, to exert some control, and to feel some sense of personal agency in the parenting of their child.

Living With Others

In exploring their experiences of what it was like to live with and interact with their child, the circle or context naturally widened as participants included others with whom they lived and came into contact, including family members, husband and siblings; their extended family and the general public. Each of these contexts had unique effects relative to individual experiences and circumstances but again, common themes clearly emerged which were related to support, disconnection and inside/outside contrasts.

Family issues. In reflecting on their experience of living day to day and parenting their child, all seven participants drew their immediate family members into focus, contextualizing their experiences within the family setting. Participants focused to varying degrees upon couple issues and how those concerns related to their parenting experiences. They also focused on issues related to siblings. The degree of importance given to these factors varied according to the impact it was having in the participant's life at present.

Participants spoke in terms of the mutual or reciprocal effect of the child on the family and the family on the child. Siblings played an important role in the experiences of parenting that were described by participants. Couple issues centred around differences in parenting style as well as having sources of mutual support and the resultant impact on parenting their child.

In addition to their child with behavior problems, 6 of the 7 participants had a second child; in two cases, the sibling was older while in the other four cases, the sibling was younger. All 6 described how for them, having to cope with behavioral challenges had an impact on the other child in the family. Four participants spoke of how the family picture became more complicated with the arrival of the new sibling. It often meant they could not continue to give the older child their complete attention, despite parental efforts to include them in the care of the new baby.

Participants shared a common concern that, due to the demanding nature of the behavior problems exhibited by their one child, this child received a great deal more parental attention. This left participants to wonder and worry whether the sibling was getting an equal or fair share of attention. Despite their efforts to divide their attention more evenly, feelings of concern and guilt were expressed in not being able to carry on normal activities with the sibling due to the other child's behavior.

> The other part of it that's really hard is that it's kind of unfair to my daughter. There are things that we can't do because of Ian. Especially with Doug [husband] being gone. But it affects Susan...I feel she's getting cheated... Ian demands and just takes so much out of me...it leaves me (tears) short-tempered, tired, not much left over for her. She's getting the short end of the stick here alot of the time because we can't just take off and go places and do things because of his behavior. (Marilyn)

Sometimes siblings resorted to attention getting or acting out themselves in order to be noticed. This made things even more demanding for parents to try to handle as they looked for ways to meet the needs of their "other" child.

> I didn't realize how much it was affecting Joel [sibling] until the home visits from the program. They pointed out at that time that Joel was being more aggressive than Scott so I started paying a bit more attention...And Joel was probably doing as many aggressive things only not to the extreme that Scott was. So, I think it was affecting him definitely. He was getting less attention...but sometimes we'll see Joel acting out in his own way, he tends to whine more...And one of the things we tried to do is focus on good behavior. Really pouring on the positives for any good behavior, which has meant that Joel's got more attention too. (Karen)

For Marilyn, she found an unexpected source of support and understanding in her older daughter, despite her concerns that her daughter was not getting enough of her attention.

> As best as I can I try to create situations where it's just her and I so we can have our time together....And she really came through for me that one time when Ian had probably the worst ever rampage...without me even suggesting anything, she cleaned up all the mess he made and told me to go sit down. It was just the sweetest thing...because she could see that I was really struggling to hold it together, and I hadn't yelled, I hadn't screamed, I had tears running my face because it was so upsetting. And she just came to my rescue. It was really neat. (Marilyn)

A critical question for Debbie was, given the family history for behavior problems, would her 4 month old infant daughter develop these same problems. In her moments of quiet reflection, Debbie wondered how she would cope with having two children with challenging behaviors.

> Both of my daughters were born at the same time of day, same birthweight, and in the hospital for the same amount of days...and that gives me another fear - what happens if this next child is going to be just like Chelsea...how am I going to cope with it?...I don't know how I'd cope. I'll have to wait and see. And if it is, it is. I'll have to be the same with her as I've done with Chelsea...get her the help she needs, do whatever it takes, go from there. (Debbie)

Six of 7 participants were in marriages and co-parenting their children. One participant had sole-parented her child since birth but had recently begun living with her new partner. Interestingly, 3 participants commented that, even without having a child with behavior problems, normal parenting by itself was tiring and stressful and they found that the adjustment to marriage and parenting was a difficult task.

The majority of participants (6 of 7) held the view that one of the purposes of the couple relationship was to provide a source of mutual support in parenting. However, varying degrees of satisfaction were expressed. Those participants who felt the need for more support from their spouses spoke at great length about this essential aspect of their experience and how it affected their parenting abilities. All participants emphasized the importance of just having someone else to help share the load. As seen in other themes, when participants felt a lack of support, they often conveyed the sense of isolation and disconnection they felt.

Karen and Sandra characterized their couple relationships as being a solid team effort where there was complete agreement on parenting and discipline. Each partner served as a source of tremendous emotional support for the other in getting through the difficult times of parenting, whether they had time together as a couple or not.

> My husband's been there with me all the time so there's two of us dealing with it...we seem to see eye to eye on discipline and child-rearing. So, we argue extremely seldom about child rearing and are pretty consistent in what we do and that makes a big difference. And, he certainly is a sounding board for when I've had a bad day with Scott...at the same time, we don't have a lot of time to ourselves right now, but that's the way it is. (Karen)

> [What helped]... was my husband and I getting time together as a couple so that we were able to work on our very supportive relationship...I must say my husband has been and is my complete source of strength - completely supportive and very understanding, very patient with the children and we're a real team and I think that's the only thing that got me through it. (Sandra)

For Marilyn, she too relied on the support she received from her husband but was suffering greatly because his work took him out of town for weeks at a time. Not having him there for day to day support and respite became for her, the most difficult aspect of living with and parenting this "five parent" child. She spoke of feeling isolated and restricted. She expressed frustration and resentment at being left to do what she considered an impossible task, to cope alone with the demands of parenting this child. She felt this in a practical sense of not being able to go places to feeling an absence of emotional support during the bad times.

> And of course it would be alot easier if I wasn't alone...but I can't do alot of these things with just me. No, I can't be in two places at once... But I'm resentful that I always have to organize and plan to do that. That I can't just do it...This is a five parent kid or five kids rolled into one... dealing with this kid is like having five kids...It's a whole different thing when Doug is here. We still have our moments but I feel like I can breathe. Just having another adult in the house. (Marilyn)

In contrast to the spousal support voiced by these 3 participants, neither Debbie nor Cindy felt supported to the degree they needed in order to cope with the demands of parenting their child. Both individuals felt that more effective communication as a couple would certainly help, not only in terms of dealing with the child but also in having their own reactions acknowledged and supported. For Debbie the situation was complicated by her husband's disability.

> Well it's like I have three children cause he has an injury from an accident before Chelsea was born so (tears) I have to on my own try to work this all out ...And he hasn't worked for almost 4 years so I've been the main income earner...we've talked about separation...but we know that wouldn't benefit either one of us or the children... so we decided to work things out for the best...I make it known to him that I do want some help and that's something that we've worked on within the marriage too, that we've become better communicators...so we're still trying to work out alot of our own difficulties in the marriage and also with the parenting. (Debbie)

Cindy clearly desired more effective communication with her husband but felt it was not just a simple matter of talking more often because each partner sought different objectives. She sought validation of her experience while her husband sought answers from her.

> And the only person that I was really honest with about Steven's behavior was Rob...I'd say "I gotta get out of here Rob,I can't handle being around." And for a long time, he'd say "But you're their mother, you're supposed to want to be with your kids" and I'd always feel guilty...he doesn't like to hear it because... talking with him made him

> uncomfortable and he didn't know how to deal with it. And I told him, well it makes me better, it makes the marriage better... Before we had the kids, we never communicated that much but we did have a lot more time to appreciate each other. And now, all the time's taken with the kids. I can never tell what Rob is really thinking. And Rob and I , we talk about it a little bit...but it's not really the solution. Rob likes to ask me what we should do, what are we going to do about it. And I don't have the answers. Just because I'm the mother, I don't have any more answers than the father. (Cindy)

In those couples where there was more synchrony in their views on parenting and discipline, participants reported feeling a higher level of support. There seemed to be an important connection between acknowledging and agreeing with another's perspective and feeling supported. The experiences described earlier by Sandra and Karen illustrated this point well. Liz's experience pointed out that parenting roles did not have to be equal, as long as both parents were in agreement. By mutual agreement, Liz and her husband established clearly different roles in parenting. Liz felt comfortable doing most of the disciplining and being the "bad guy" because her experience with "spirited" children. Although she had always felt supported by her husband, she was now feeling that he had much more of an understanding of and appreciation for what it was like to parent Sara on a daily basis.

> I tend to be the one that can handle them, that's the role I've set for myself..he knows too that I want to have a big say in what happens to the kids. It's not 50-50 between us...and for me, it must be more like 80-20. I try to not make it such off-balance and I try to talk it over with him. He tends moreso to have veto power. (Liz)

A significant issue for 3 participants was the issue of differences in beliefs and parenting style as a couple and the weakening effect this had on parenting. For Cindy, this was the crux of the problem. In talking about and reflecting upon her interactions with her husband over parenting issues, Cindy explored her belief that nothing was really wrong with her son, that her son's behavior problems were more the result of their parenting than anything else. Although she had come to this realization before the interview, she had chosen not to act on it. Procrastination by both parents was serving to maintain the problems rather than resolve them.

> I think one of the main problems is the communication between my husband and I have broken down quite a bit. I didn't really realize it until you sit down and talk [in this interview]...I've had that realization for a long time but I've been putting it off and Steven's been getting worse... Cause both my husband and I procrastinate so we could procrastinate forever on this one... I hope he'll deal with it, he'll hope I'll deal with it, or we'll hope someone else will help us deal with it...But it's something you can't avoid cause it's Steven's life too. (Cindy)

Cindy defined the source of the problem in their differences in parenting style, their lack of agreement and their tendency to intervene rather than support each other's efforts to parent effectively. For Cindy, it was essential to find a "middle ground" where both parents could communicate and agree to a more unified team approach to parenting.

> It's hard to figure out somewhere in the middle. Somewhere where we, I know it's always going to be changing as he gets older, but somewhere where we have set boundaries... I find that the boundaries are hard to set. That's what I really want..to work on. And I want to discuss things with Rob. Cause if I set boundaries then he has to set similar boundaries, work as a team. (Cindy)

Debbie too found that differences in parenting style were having a major impact on her own ability to cope, leaving her feeling frustrated and having to do it all. However, she was making an effort to learn to respect and use of those differences in a more positive way.

> We have our struggles because we both have our different views... if I ask him to do something when it has to do with the kids, quite often it's no or he just ignores me. And at other times, he will help. And that adds to my frustration cause I'm here to tend 24 hours a day... But yet I recognized how much support he does give me despite his limitations... he helps out with the housework...sometimes I get into a state where you are constantly doing, not taking the time to enjoy and have fun...which my husband says that to me all the time. And he has a good valid point . So I acknowledge it, I see and now I'm working on it...he has his humour...and he's teaching me. (Debbie)

Several participants specifically focused on the father-child relationship in terms of how this affected their experience of parenting day to day. It appeared that the more involvement the father was able to have in every aspect of the child's life, good times and bad, the more support and relief it offered the mother. For Marilyn, it was her child who determined the quality of the father-son relationship.

> He always was very difficult with Doug because he just was Mama's boy. He would do really bizarre stuff. Like if Doug would run his bath, he wouldn't get in. And Doug just kind of joked about it and said, well, he hates me so why should I bother doing anything for him. He made it really difficult for Doug. But that's totally turned around. When Doug's home now, he's just glued to Doug...it's absolutely wonderful and Doug's just beaming. (Marilyn)

Cindy saw the father-son relationship as essential to resolving some of their parenting issues and wanted her husband to become more meaningfully involved with their son. She felt she could do no more until her husband established his own relationship with his son.

> Rob's relationship with Steven is completely separate from my relationship with Steven..and I'm [in the middle]...Rob wants me to help him and I've told him that he has to set the discipline for Steven when he's around... I can't keep interfering all the time cause it's hard on me...I told Rob, you're going to have to start spending time with him.....if Rob would spend more time with them and play with them...that would be beneficial to everybody...I could spend every day, 24 hours a day for the next 20 years with them and it wouldn't make a blind bit of difference...I don't think there's much I could do by myself. (CIndy)

Summary. The subtheme of family issues strongly reflects the reciprocal effects of the child, the parents and siblings in their interactions. Siblings were often set more in the background. In couples where there was agreement in parenting styles, there was a much higher degree of teamwork and sense of support.

Extended family. To this point, the themes and subthemes of "Living it: The experience of parenting in the present" have emphasized the contextualized nature of the participants' experiences of parenting. The metaphor of a stone dropped in still water well describes the ever widening contexts as they move outward from the child and parent at the centre, to include family members. For all participants, the contextual circles widened to include their extended families.

For 4 participants, their extended families had a generally positive impact on their own experiences of parenting. Positive influences ranged from practical support such as childcare to affirmation of beliefs in effective parenting. The extended family has already been noted as a source of support in the subtheme of "Recognizing the problem." In her story, Joanne reflected upon the positive influence her parents had in how she parented her child from day to day.

> I had a great family life, a great childhood...and I also want to be as strong as my parents...You don't get a book to be a parent. You don't get instructions, you don't go to a class. And the only learning that you have is your parents. And I'm very fortunate that I have two very good parents...I find that more and more I'm becoming my mother... And I'm fortunate that I can [rely on them]. Lots of people don't have that. (Joanne)

The remaining 3 participants experienced the influence of their extended family as a powerful but negative effect on their own lives. The impact of their extended family members on their parenting experiences resonated at a deep level, causing them to question their beliefs, make a decision to change and a commitment to make it different for their own child. For Debbie, who now had little contact with her family, it was more her past experiences from her childhood that had an impact on her present experiences of living with her child. For Sandra, her extended family had an equally powerful impact on her experiences as a parent but more in terms of present interactions than the past. Cindy however, seemed to be caught in both the past and the present; interactions with her family evoked responses from her at two levels, as a parent and as a child. Cindy found that past problems affected her present relationship with her parents. She felt their absence of support for her as a parent. It also hurt her to see her father ignore her son just as she herself had felt ignored as a child.

> When I'm at my mother's, Steven's tended to act way worse than anywhere else...[With my parents], it's like trying to mix oil and water...I guess in a way I'm uncomfortable...it's there in the back of my mind, even though I'm not aware of it all the time....sometimes my dad will watch TV and Steven wants his attention and my dad pushes him away...and I get

> angry cause he used to do the same thing to me...but I don't say anything. So there's always a slight tension...I feel how I felt when I was little. I guess it, I don't know, it hurts. (Cindy)

For Sandra and Debbie, their experiences involving their extended families had an enormous impact that was interwoven throughout several themes. For both of these participants, this was the most important aspect of their experience and became the focus of the entire interview: their journey of becoming aware of differences, questioning those differences and then deciding to set a new course for themselves as individuals and in their role as parents. The effect was transformational in nature; the experience changed them as individuals. This is further explored in the theme of "Learning from Living: Personal Transformations."

Sandra spoke of the similar behaviors she saw in her child and her brother and father, suggesting strong family patterns to her. However, she was deeply affected by the profound differences in how she and her family viewed these behaviors, as she ended up feeling isolated from and blamed by her family.

> I have a very concrete fear and that's my brother who's 17 now and he has, I believe, the same diagnosis that Michael has. And yet his life has been very sad, very tragic to this point, and I don't want Michael to repeat that... somebody did confront my mother.... but it was denied and ignored. And I know that alot of his inappropriate behavior was tolerated in the family...So both my husband and I are very intent on not letting that happen [with our son]...I also see it in my father's behavior as well. He's very good at hiding it to the outside world, but it has major impact on the family that you live in...I think we are making a difference for our son. It's certainly a very intense commitment. (Sandra)

In her commitment to make it different for her son, Sandra's hope was that her family would seek the kind of help she had received for her son.

Debbie's parenting experiences were strongly affected by her past experiences, her childhood experiences of abuse. As can be seen in the themes which emerged from the videotape experience, Debbie's deepest fear was that she would repeat her own history and thus not be a good parent. Her decision to make it different for her own children served as her motivation and her compass in setting the direction for her journey of growing into parenting.

> And I know I am hard on her, that I do yell at times. That's how I was raised even though I'm trying so hard not to do it now that I recognize it. I'm trying to not repeat those same things that I didn't like as a child...I want her to be able to have things I didn't have. And the freedom to express herself without being lambasted against the wall like I was. So I really try very hard not to put limits on her as far as behaviors like that and also respecting her as a person...I was so messed up as a child, so depressed, so suicidal. I didn't care. Whereas now that I feel better about myself, I want my children to feel good about themselves... And my parents weren't there to support me so I'm damn well going to be there for my kids, to support them. (Debbie)

The Outside: Being in public. All participants spoke of their parenting experiences out in public where people, looking askance at the child's behavior, were quick to judge and blame rather than offer support of any kind to the mother. As Sandra put it, going out in public was "just a horrendous place to be." All participants spoke of their embarrassment, anger and humiliation at being judged by strangers. Several of them dealt with the problem by staying home or only going to certain places and not putting themselves through the experience. But that often brought a sense of isolation and feeling restricted. The majority of participants were frustrated in not being able to tell the public that as a parent, they did know what they were doing, and that they were doing the best job they possibly could.

> I find that [in public]...when something goes wrong, they look to the parent and they judge the parent ...[We were in a store] when Michael started this huge tantrum and then his sister started a tantrum so I had two hysterical children. So I started walking out, both of them wriggling and struggling...But what had really astonished me was that while these events had been taking place, people had stopped to watch, and it almost looked like kind of a swat team, they were all strategically located...Not one person saying "Is there something I can do"? It was dead silence, it was clearly to see what I would do next. Was I going to beat this child...this wasn't to help, this was to observe and to maybe report... And I've had numerous situations like that. (Sandra)

> When you're out with other people, it feels like I'm having to justify my parenting. Because I get lots of stares and lots of disapproving looks. And you almost want the kid to have a little badge that says, "I'm special. I don't act like other children and I can't help it . And my mom's doing (tears) the best she can". (Marilyn)

Both Sandra and Marilyn went on to describe their strong emotional reactions, including resentment, to such public exposure of their parenting challenges.

> I stay very controlled, almost numb-like, and I don't raise my voice. That was happening on the outside, but on the inside, it's just like total devastation. It's like a person that's...turning on you. I'm talking about Michael...that a child would do that to you. It's extremely hurtful...I remember coming home that night and telling my husband and he didn't really give me the support that I wanted. I tried to drum into him like you have no idea what that was like. So when I go through situations like that, inside...it's so stressful. My chest tightens up and I feel like I've been really wronged and insulted. (Sandra)

> When Susan goes to a swimming lesson, I have to amuse Ian at the swimming pool... And again it's another thing that I just dread. Has to be done but I dread it...It's just no big deal [for other parents]. Go to swimming lessons, other kid sits there on your lap or sits beside you. But I chase him. I run up and down. Then when I suggest maybe we won't stay and watch her, then she gets upset. And why shouldn't I stay and watch her. Why should I just have to drop her off and then come back. I should be able to stay and watch her but I can't... I can but it's at a huge cost. (Marilyn)

The majority of participants found that structured settings such as play school or daycare could be generally positive experiences for both them and the child if the appropriate resources were in place. If the staff were aware of and able to deal effectively with the child's needs, the experience was a positive one for the child, in terms of improved social skills. For the parent, the daycare or play school context offered them a break from the constant demands of parenting their child.

Inside/Outside. The degree of contrast between the inside experience of parenting and the outside view was clearly evident within the context of living with others. The effect this had upon participants was largely a negative one, leaving participants feeling unacknowledged, invalidated and unfairly censured in their efforts to parent. What several participants wanted most, was for those on the outside to come into their world and live it, experience it for 24 hours a day as they did. Then, there was the possibility of some understanding of what it was truly like to live with and parent a young child with behavior problems.

The most essential feature identifying the inside view was the simple fact that it was different; that their children behaved in ways that were different from normal, and their parenting experience was different (and more difficult) from the experience of others. Karen noted that her perception of what was normal, of what was an improvement might be very different from how others would see it.

> Maybe I'm a bit distorted after living with Scott for the last four years, but it looks pretty normal [on videotape]...but my perception is that it's not that bad right now too. I know that other parents who have little quiet households would see the interactions as being like holy smoke. But in my mind things are really pretty settled right now. (Karen)

Karen and Marilyn both commented on how "normal" activities that other parents might take for granted were just not possible for them.

> Just ordinary raising regular kids is really hard...It's tiring but this is demanding and this is relentless. It's just that everything is so much more difficult. Just trying to get to an exercise class or trying to go out....I see people in stores shopping with four children and they're doing just fine. The kids are holding their hands and walking along. Like, whoa. I can't imagine (laughter). I can't. (tears)...So just going for a walk. Just going from here to the mailbox. Can end up being an exhausting exercise. (Marilyn)

Other participants commented on how they had to deal differently with their children because normal parenting techniques often did not work. However, people on the outside rarely understood this point. Liz felt judged by others while Marilyn suffered through a parenting class that did not apply to her experience at all.

> We don't tend to encourage spirited children at all in our society as a whole. We tend to beat them down and make them play by our rules...which I'm trying not to do with Sara which makes her a little bit probably more of a handful and some people probably think I should be disciplining her. (Liz)

> I'm taking this parenting course and...I just sometimes have to sit back and chuckle because some of the techniques that are being taught. I

> mean, come on... this reflective listening, when he's throwing his felt pens across the floor, I'm going to stop and say "So, I see that you're angry right now." Maybe with children that don't have these kinds of problems you can use these techniques the majority of the time and get good results. But I don't think they're always going to work for a kid like Ian. (Marilyn)

Participants found than others such as friends and family were often well-meaning but did not understand the view from the inside. They judged from their own experiences, offering advice that was not the least bit appropriate nor useful.

> And they want to offer you their advice. And oh well, my kid did that, I'd fix that fast. And they have some kind of remedy for this. I think most of the time I don't even bother to respond to them. You don't know what you're talking about. This is not your run of the mill kid...so this advice that I get all the time just ends up making me angry. (Marilyn)

Debbie felt frustration with the difference in perceptions between what she lived with at home and the perceptions of daycare staff, a situation that left Debbie questioning herself and feeling blamed.

> People don't see the negative behaviors...and yet when I'm there, I see it right there [at daycare]...And I'm being honest. I know what my child's like. And I'm not gonna hide that fact...But the people at daycare, say well she's so good all the time. But when I'm there visiting I see those things coming out. I've seen her pushing the other children or not listening...it's like not being acknowledged again. Or you're not being a good parent. How can she be this way? Cause she's not like that here. That kind of a myth. (Debbie)

Marilyn and Debbie reflected on how people on the outside minimized their experience on the inside; both of their need to get away and the difficulty of trying to make it happen.

> I complain about not getting that time to myself that I need. And outsiders say, well, just get a baby-sitter and go out. Well, but that's easier said than done. Like it's missing the point a lot of times. (Marilyn)

> And when you been home for the whole weekend, it's just that much harder cause you don't get a break and it's like I need a break from under. But other people don't understand that. (Debbie)

The majority of participants agreed that the only way to know, to truly understand the experience of living and parenting a child such as theirs was to actually experience it for oneself. They offered, in their unique phrases and examples, the core belief that unless you've been there, you cannot really understand it.

> Sometimes I feel almost a little bit angry because unless you've been there, I think, people, they really don't know. They don't. He gets very stuck on things. This is a kid that will ask you a question 50 times in one day. And if you refuse to answer, he gets mad. And that's very tiring. Very tiring. And I don't think anybody, unless they've been at home with Ian for a whole day, has any idea what it's like to have that constant questioning. (Marilyn)

> I really do know what I'm doing with her. And then I'm thinking to myself but they [people in public] don't think so cause all they see is a kid that's acting up and they're thinking what a horrible parent I must be... And anyone that hasn't had a spirited child or had experience with a spirited child just cannot understand what they're like. All they think though is that's just a kid that's running wild and with no discipline. That's what you hear from most people that haven't had experience. (Liz)

Participants sought different things from the outside to help bridge the distance and ease the lack of understanding and acceptance they were feeling. Debbie wanted more than anything to feel acknowledged that her daughter did have a behavior problem. Marilyn wanted people to accept and understand her son's problems so they could talk more openly about it. Sandra sought more positive comments and encouragement from the outside about her parenting efforts.

> That's been something really important through this process is that I haven't got many positive vibes... but with professionals I found that I haven't really got enough. I didn't really get a sense of where I was at. In fact, I got negative vibes at times. So when you're feeling down, you really need it. You really need someone to say "You did that really well or this is excellent about the way you're parenting." (Sandra)

Both Liz and Sandra came to important conclusions about Inside/Outside differences and what it meant to them. Their words seemed to sum up best what participants were trying to convey about their experiences with this aspect of "Living It: The experience of parenting in the present." Liz issued an invitation to those who sit on the outside in judgment.

> For the most part when people hear about problems you have with your kid some may not come up and say it but you can see it. What they're thinking is that you don't have control of your child. You haven't disciplined her enough or whatever but you just don't have control of the situation and they just kind of tsk, tsk and shake their heads....[What I'd like to say to them is] Spend a day with Sara. Spend a couple of days with Sara or someone like her and just see for yourself how much better you can do. It's that old cliché: till you've walked a mile in my shoes don't tell me. (Liz)

Sandra offered some personal words of wisdom gleaned from her own learnings about inside and outside perspectives that could well apply to many situations in life.

> It's very easy to be judgmental, but you just don't know what's going on in other people's lives and in their homes. You don't have a clue what could be happening...And I realize that you can't ever compare the inside of yourself to the outside of someone else. Often times my mother will say "Oh...she's had it all so good all her life hasn't she?" "Doesn't she just have a perfect situation?" And I don't think like that. I used to. Not anymore. I think no, I don't think life is really easy for anyone. So yes, I have...a whole different way of looking at people. (Sandra)

With that one powerful statement: "You can't ever compare the inside of yourself to the outside of someone else", Sandra captured the essence of Inside/Outside differences and the deeply-felt impact they have had in the lives of these seven mothers who are parenting young children with behavior problems.

Theme 4: Learning from Living: Personal Transformations

In the introduction to the first order theme of "Living It: The experience of parenting in the present", it was stated that the experience of the participants would be explored from two perspectives: context and transformation. The subthemes of "Living with my child", Living together", and "Living with others" reflected the contextualized nature of participants' experiences in parenting their children. Their experiences did not take place in a vacuum. Rather, participants affected and in turn, were affected by those with whom they came into contact, those around them. The common themes that emerged reflected this process of reciprocal interaction and highlighted how individuals make or construct meaning for themselves through a process of social construction, within their relationships and interactions with others.

The second perspective used to explore the experience of "Living It" relates to personal transformations. Colaizzi (1978) suggests it is possible to consider two kinds of learning, the first being the acquisition of information. The second is genuine learning, which is transformational in nature, where the learner is changed and transformed by the experience, with an emphasis on personal meaning. Transformations are reflected in changes or reaffirmations in beliefs, through insights and through decisions to take action or live one's life differently, based on these new learnings. It is an evolving process of constructing a self-identity which leads to a deeper sense of self. These transformations may occur through an ongoing process of self-reflection where events or new experiences create an initial sense of disorganization, leading to a reorganization of personal meaning at a higher level of integration which is more adaptive, more useful and perhaps healthier in the person's response to life challenges. The nature of the interview and videotape experiences which were conducted with the participants encouraged them to reflect upon their own experiences of parenting and to consider the personal meaning of those experiences for themselves.

The theme of "Learning from living: "Personal transformations" first considers the nature of the reactions and responses of participants to their daily experiences of parenting and the changes they went through. Participants spoke at length of their efforts to just get through the day which often left them feeling restricted, frustrated and unable to manage. They moved on to discover more successful coping strategies and adaptive responses, making life better for them and their children. Due to the unpredictable nature of their children's behavior, none of the participants expected to leave the difficult days behind completely. Despite having successes or seeing significant improvements in their child's behavior, they expected to continue to have the difficult days, perhaps with new challenges or behaviors.

After the explication of the nature of and changes in the participants' own responses and reactions, the theme is then focused upon personal meanings. The reflections, beliefs and learnings rendered from their experiences are explored in terms of changes and reaffirmations of self.

Accommodating: Getting Through the Day

The reality of living day to day with the demands and challenges of a child such as theirs found participants having days where the goal was no longer to keep control, make progress or do it right but rather, to accommodate to the situation just in order to make it through the day. The theme is derived from Debbie's words describing those days, filled with unpredictability, when such a goal required the parent to surrender to the situation.

> [Somedays]...you don't know what's going to happen. You have to say "OK, today's one of those days" and you have to just chalk it up and get through the day. (Debbie)

Participants described the many ways in which they had to accommodate to their child, where they were forced to change their own responses in order to fit with the child's demands or behavior. Although it was a way to survive, participants spoke of their own exhaustion and frustration and the restrictions imposed on their own lives in order to make it through another one of those days.

> Even though it's improved since he's been put on medication, it's still constant...and I really sometimes would like a rest, just a little rest...I've just had to give up on certain things. It was hard at first. Like got to give up on (tears) doing much with friends. I've given up on trying to do any additional stuff around the house besides just the basics. Like I've always liked to sew. But, just forget that. (Marilyn)

The majority of participants noted that due to their child's tantrums or unpredictable behavior outside of the home, they accommodated by staying at home with the child. As Joanne summarized, "We just don't go out anymore, it's easier and less nerve-wracking to stay home." This restricted social contacts with friends, limited participation in leisure activities and gave the parent little reprieve from the demands of living with their child.

The fear of having their child run away put several participants into a state of having to be constantly on guard. Three participants described how they put several locks on outside doors and gates but still had to watch at all times, a situation that created tension and was very restrictive in terms of having little time to oneself.

> Talk about constant state of tension. Constant because it got to the point where I couldn't even go to the washroom because if I did, that was when he would make his move...I felt sometimes like I should tie him up because if you really needed to get something done, or you were in a position where you couldn't run after him, for his own safety. It was just crazy...he didn't care...[and I thought] if I can't contain him in the yard, then I have no life. (Marilyn)

The ongoing nature of their child's behavior also forced several participants into the position of having to be there at all times, either to "referee" or prevent mishaps. As Debbie commented, the hardest part for her was her daughter's impulsivity because even when she was sick, she never slowed down. Again as a consequence, the parent rarely got a break from being watchful and on guard.

Several participants talked about their child's disruptive sleeping patterns. In order to minimize the impact and keep the household quiet, participants often conceded to the child by allowing the child to sleep with them or they slept with the child. Although it kept things more peaceful for other family members, there was a price to pay for the parent, often reaching a point of fatigue which Marilyn described as being "sleep-deprived."

Four participants described the power struggles with their child and the fact that different techniques would not work consistently. The parent was often forced to give in, either out of exhaustion or not being able to withstand another battle of wills. Although they did not feel they were in control, it got them through the moment.

> It's really hard when you know there's just major tantrums coming with everything you say, to not let things go sometimes. I would just run out of energy sometimes: "Scott, I told you not to hit "and that's the end of it cause I can't do it anymore. (Karen)

> I find it frustrating cause...with most children, if you do it in a certain way, the consistency, they soon stop doing that...whereas with children like Chelsea, every day's so different. One day can just go beautifully smooth and the next day is one of those horrible no-good days...that's what I find frustrating...there's no rhyme or reason...and you can't get a handle or control on it. (Debbie)

Having to stand at a distance and watch their child struggle in their interactions with other children and adults was "heartbreaking" for two participants while two other participants found being alone was most difficult, leaving all of them to find ways to get through the situation but basically feeling dissatisfied and unsuccessful. Three participants noted that they were reduced to just getting through the day by other stressors that were in their lives at the time, such as recurrent depression or family pressures.

Coping Successfully: Making it Better

Despite the frustrations and restrictions brought on by the kinds of days just described by participants, they were also able to discuss their own success stories in parenting. All participants had learned strategies that were more successful in dealing with their children and in coping for themselves. They had learned both from their own trial and error experiences at home and from participation in programs and support groups. Participants generally found that reflective responses were more effective than immediate reactions. The underlying essential concept seemed to be one of distance, that is, distantiating or creating distance for self in the interaction. Participants created distance in the interaction either by delaying their response, which allowed them time to reflect and choose a response, or by physically or emotionally distancing themselves from the situation. Both strategies helped to provide room for both parent and child and led to less escalation and less highly-charged emotional involvement. The outcome provided the parent with a sense of progress and optimism that it could be different, that life could be better for both themselves and their children.

Coping better with my child. Several participants found that one of the most effective ways for coping was to stay more distant from the emotionally charged atmosphere when the child was moving towards losing control such as in a tantrum. Staying calm on the outside was an important strategy to defuse rather than escalate the situation.

> I'm really matter of fact about time-outs, now...I just shut his door and I go and do my thing. I set the timer so I don't forget about him. And this has developed over time...my heart still gets going sometimes but that's the extent of it...that's what works best because if I get upset, Scott gets more upset...it doesn't work...it gets worse if I yell or if I spank. (Karen)

Debbie gave her daughter physical space or distance, leaving her alone and not intervening when she was frustrated. Liz, Debbie and Karen used strategies to forewarn the child about events to come. This helped to create some distance between actions and responses, so there were fewer surprises, for both the child and the parent. Karen found that by counting after making a request, it gave her son time to comply while Debbie gave her daughter 5 minutes notice before major transitions such as leaving the house or bedtime.

Two parents who had attended an intensive intervention program with their children found that being positive, consistent and explicit were effective strategies that brought significant behavioral changes. Making positive statements about specific appropriate behaviors combined with a "zero tolerance" for targeted misbehaviors with use of immediate time-out across all contexts, produced major improvements in behavior. Two participants found that concrete rewards did not work well for them because they turned into bribes or lost their effectiveness too quickly.

The majority of participants noted that regular parenting strategies did not work with their children so they had to acquire a much broader repertoire of strategies. Learning to be flexible in their responses to their children was an important way to cope successfully with their child's behavior. Participants accomplished this in a number of interesting and diverse ways.

Liz and Karen found that by allowing the child to make reasonable choices, or by choosing which "battles" to engage in helped to reduce the number of confrontations. Cindy and Joanne learned to differentiate child behaviors by reading subtle facial cues, "I can tell just by looking at his face", to determine their own response. By knowing whether the child was being resistant or whether the child was truly frustrated with speech and communication difficulties, the parent would then respond more effectively.

Joanne incorporated her son's qualities of curiosity and helpfulness into her everyday routines such as doing the laundry so that he was learning and helping rather than interfering with her household duties. Despite her initial belief that guns and fighting toys had little impact on children's play, Karen decided to remove all gun toys from her house. She was surprised at the reduction in aggressive play in both of her sons.

> It's made a huge difference [not having guns to play with]... I never would have believed the difference it made...I never worried about it before but yes, it's made a very big difference....They're playing in other ways rather than just violence and aggression which seemed to be so prevalent...they're playing with cars and pretending and let's get our Lego out and that's been a real change, this sort of co-operative non-violent play. (Karen)

Three participants pointed out that appropriate medication for their child had made a significant improvement in their ability to manage their child's behavior, even though the process of finding the best medication was not always an easy time.

> It's been a real roller coaster ride...we started one medication, we would give him one dose and he was like a totally happy boy. But then by the next dose, it became apparent that he was actually having an over-dose of it. Then we'd try something else and we'd see a glimmer of hope. But again, it was like the rise in hopes and then just...just falling in the pit again and just desperate...feeling of exasperation. Like is anything going to work? (Sandra)

Sandra offered a unique coping strategy that worked well for her family. In order to make life easier Sandra asked others to accommodate to them; for example, friends and family were invited over during the day rather than evening which was a difficult time for Michael.

Coping better for myself. In learning to cope more successfully in their experience of parenting, participants not only learned more effective strategies in dealing with their children, but came to understand the importance of self-care. The emotional and physical toll of parenting led them to find ways to create distance for themselves. It became very important to all participants to be able to get away physically and emotionally from the intense demands placed upon them, to have time and space to oneself to recharge and perhaps regain perspective. As with child-related strategies, participants described diverse ways in which they created space for themselves as they lived through their experience of parenting.

Just having at least some time away from their child was essential for all participants in terms of their own well-being. Marilyn described what the opportunity to leave her son alone in daycare for one afternoon meant to her: "I was having two hours to myself and I felt reborn." Debbie noted that by having time away from each other, it gave her more patience and she was willing to spend more time with her daughter. Three participants commented on how much their outside careers meant to them in terms of being successful in another role and having contact with other people.

> My work is my sanity.That's why I've not stopped it altogether. I go to work twice a week right now and that's my sanity, my hook-up to the outside world. Otherwise it would be just me and this child... that's right. I don't know how stay-at-home moms do it. I really need that hook-up to the outside world...it makes a big difference...I find that I lose track of reality cause all you've been doing all day is watching Sesame Street...the world comes and goes and you haven't noticed anything. (Joanne)

Two participants mentioned ways they created some distance at home, one by not having to supervise so closely and intervene, and the other by getting away for a quiet hour in the tub while her husband took over childcare.

Cindy and Karen both spoke of the usefulness of distancing themselves personally from the interactions with their child. For Cindy, the space offered her an opportunity to see herself and then try something different.

> When you're in it, when you're doing it, you don't see...because all you can see is the fact that you want this behavior to stop....[If I have a chance to get away from it]...even if it's just for 5 minutes,I'll actually be more patient because I see what's happening to Rob...and I see myself at that point...that's already happened to me, I'm past that point . And I'll say to myself, the kids don't stand a chance if we're both just going to yell at them. All right so I'll try and find a different way to deal with it. (Cindy)

After considerable reflection, Karen adopted an externalized view of the situation in which she did not take any of her child's behavior personally; the problem was the problem, not her. In fact, she felt she was doing the best that could be done under the circumstances and maintained a confidence attitude about her parenting efforts. The fact that her child was adopted may have had some influence, because Karen held the view that her son's problems originated before he came to her in terms of his temperament and attachment and bonding issues related to being put up for adoption. Karen further maintained her externalized view through her beliefs in her son's qualities and the reasons for his behavior.

> [I've always thought of it as him]... not really wanting to hurt me but just wanting to control..he has a very strong need for control, still is controlling but at least it's working better...he's inherently good and I've always looked at the behaviors as a need. He's needing something that he's not getting...so I've always looked at it from that perspective. Not that I haven't been frustrated and angry and all those things with it. But I've never seen it as Scott is a bad child...he's little and maybe I'd take it personally if he was 14, but I can't imagine, with a 3 year old, no child wants to hurt his mother. So it's needs or certainly control and it's frustrating but you know, I have to persevere in that way. (Karen)

Sandra learned that for her, the most effective and necessary way to cope was to first work on her own self-care through a number of avenues and then she was able to approach parenting issues more confidently.

> I've really changed in terms of how I treat myself...you give positives. So I try to do that for myself and I'll say yes, I might have really blown it in this interaction today, but this is what I can learn from it and maybe I could do this a bit better the next time....One day it hit me like a light bulb and it was like hey! Give some credit to yourself. You're doing a super job. (Sandra)

Three participants noted how using their own knowledge and doing considerable reading about children with behavior problems helped them cope by giving them a new perspective and not feeling completely alone in their experience of parenting. Four participants spoke of the importance of support groups or friends who provided participants with the opportunity to talk about their experiences. Each of them stated that it had to be someone with similar experiences who could understand and accept what was being shared.

> If there was some sort of class that was specifically for kids like Sara and you could talk to other parents of the same kids...[it would be good], because I think if I went to a normal parenting class and shared some of my horror stories, I think all I'd get is dropped jaws and people staring at me like I was some sort of monster parent who had a monster child. That wouldn't help at all...You have to talk to other parents with similar

> situations and you all share your stories and you go maybe my kid's not so bad after all. She seems pretty normal in this group. (Liz)

Summary

The above subthemes serve to illustrate the ways in which participants reflected upon the variation and changes in their own responses. They moved back and forth from just getting through the days to learning more effective ways to cope with their child and as well, to cope for themselves as they lived though their experience of parenting.

Reflections, Beliefs and Learnings

In his book "Man's Search for Meaning", Frankl (1959) contends that the most basic human drive is to bring meaning to experience. He offers a moving quotation from Neitzsche in support of his belief: "He who has a *why* to live can bear with almost any *how* " (p. 12). This process is not a search for abstract meaning as in "the" meaning of life, but is the search for unique meaning that comes from one's own lived experience, the personal meaning that is constructed from the context of each person's individual experience. Although the outcome is unique to each person, many of the questions asked in self-reflection are the same: Why me?, What is the purpose?, What choices can I make to live my life responsibly?

As participants took the opportunity to reflect upon their experiences of parenting, they too gave thoughtful deliberation to personal meanings in making sense of the experience for themselves. They reflected on questions asking: why did it happen, what is the cause and what is the purpose. These questions created space to explore and reaffirm their underlying beliefs- beliefs about their children, about parenting and about change. The questions further stimulated them to consider personal learnings gained from their experiences- learnings about themselves and teachings from their children, all gleaned from their own experiences. All 7 participants were at different points in their journey but each person considered how they would use the experience. For some, they determined to make their child's experience different from their own; for others, they decided to use their experience to help others. The questions and reflections left each participant feeling changed, with the conviction that they had grown and learned valuable lessons from their experiences of parenting.

Answering the "Whys". All participants had considered and searched for reasons for their situation as far as what had caused the problem, why it had happened to them and what that meant in terms of possibilities for change. Reasons were grounded in individual circumstances of genetics, temperament and the past history of both parent and child. For 5 participants, genetics played an important part in understanding why their child was showing such extremes in behavior but individual interpretations were diverse. Although she was not sure of genetic or environmental influences, Joanne did know she was determined to change her son's temper because it reminded her of her ex-husband's behavior. The death of the dream of having the perfect child resonated in Debbie's query of "Why me?" as she pondered her daughter's future. Even though she recognized several indications of genetic links and family history, Debbie still had mixed reactions in trying to make sense out of why she had a daughter with problems.

> I kind of look at different sides to it. At times, I might feel so much why me, why do I have to have a ----load. I already had a rough childhood, I don't need more ----. Not a good attitude to have but there's other times where I feel that I have the knowledge, I have the experience. I know how to help her or what resources are out there to get her the help, so I shouldn't feel as bad but yet it's so difficult cause you don't expect it I guess when you have kids....Why can't I have a child that doesn't have difficulties. (tears)...it hurts, Cause I know of all the stuff I went through as a child because of my learning disabilities and how I got picked on and teased...I know that she's in for a whole lot of other fights and battles of her own. (Debbie)

For Marilyn, the fact that there were no clear answers to her search for a cause created considerable anguish for her. There were no explanations in terms of family history and she received only "vague answers" from professionals. Although she knew that a reason might never be forthcoming, in her heart Marilyn hoped for a reason that would help her make sense out of behaviors she found so far outside her experience, so "ridiculous", "unbelievable" and "ludicrous" and therefore so hard to accept. With no clear, reason provided, Marilyn was left with her own painful answer; that somehow she was to blame due to a difficult pregnancy.

> I kept thinking, well why? What's the cause of this? (tears).. I couldn't get an answer: "don't know", "sometimes it runs in families". Well, we don't really have a history of it in our family. So, just vague answers...Then I started thinking maybe it was something I did when I was pregnant. I had a hard time getting pregnant and I had a very miserable pregnancy. I was so tired and so sick and I thought maybe I just shouldn't have. You know, maybe it wasn't meant to be. This is what I get. (Marilyn)

Sandra's own family experiences of dysfunction and mental illness were very different from Marilyn's upbringing in a healthy close-knit family unit. However, Sandra's difficult experiences seemed to help her to better understand and accept her son's behaviors as she drew parallels to familiar behaviors she had seen in her brother and father. Karen had the unique opinion that searching for a cause was of no real benefit to her because she was still left with the day to day realities of finding ways to cope most effectively with her son.

The possibility for change was an important underlying belief in the process of making sense of their situations. For Marilyn, who had yet to find a satisfactory explanation, she was at the stage of recognizing the lifelong nature of her son's behavior disorder. At this point, Marilyn could not be sure that change was possible. For the other 6 participants, they shared a strong conviction that no matter what the cause, it could be changed, that they could have some impact. In this optimism for change rested the seeds of hope for the future, that it could be different from what they were living in the present, and what they had lived in the past. As Karen expressed it in the subtheme of "Living with the changes", if she did not believe that it would change, that it could get better, she was not sure how she would cope day to day. For Karen, her faith in her son's inherently good nature provided the basis for her belief in the possibility of change.

> Definitely, I believed it would change. Well, even if I wasn't hopeful that it would get better, it would necessarily change, the behaviors would change at least... if I thought he was going to be always. Oh, man I can't even imagine. Because you can't carry a 14 year old up to his room... Yes, it needed to turn around. I was never in any doubt that it would, at some point, turn around. (Karen)

Exploring and reaffirming beliefs. Conversations about their experiences of parenting prompted several participants to reflect upon their own beliefs about parenting, about children and about themselves. Despite the difficult frustrating times and the frequently negative judgments from the outside, the majority of participants viewed themselves as doing a good job of parenting. As Karen pointed out: "I'm not sure that there's a lot of people who could handle him better." Judgments were based on their beliefs about parenting, which they tried to carry through in parenting their own children. For 4 participants, their beliefs were basically consistent with their upbringing; it was a matter of carrying on what they had learned and experienced as children. For 3 participants, it was a process of becoming more aware of their parent's beliefs and making some choices and changes; a clear choice that they did want not to parent as they had been parented, requiring changes in their beliefs. Sandra expressed it well when she spoke about how she "grew into" parenting.

> I did have to grow into a new set of values about parenting...just through a process of growing and learning about Michael...I think this follows too even some of the concepts that I gleaned from the bible study about parents...and they say it's a very difficult task to do because I've heard that we subconsciously recreate the family practices and styles of parenting without knowing it, unless we...distinctly acknowledge that we want to try something different and we make the effort to change... Again, it wasn't a flash of lightning or anything, it was just gradual. (Sandra)

Participant's goals for their own child were often based upon a positive interpretation of their beliefs about children. As seen in the subtheme of "Living for the good days", parents were quick to see the good qualities and potential in their children. For Debbie, her belief that children should be allowed the freedom to express themselves and be supported in making their own decisions helped her formulate her goal for her daughter:

> I want her to be able to learn and make decisions for herself...I want her to be able to still have her independence, make her decisions but also with options for her to look at as well. But be there for her. (Debbie)

Karen viewed her son's desire for power and control as difficult to live with in the short-term but in the long-term, an indication of his capability to succeed.

> He's got so much potential because he's so directed when he wants to do something and he's so strong-willed. And I think he's got lots of potential to do very well in life. What we need to get under control, and what's starting to shape up is his ability to conform to rules. And not to be too aggressive. (Karen)

Liz as well interpreted her daughter's spiritedness as a potentially positive outcome. After articulating her belief that people are influenced and affected by each other, Cindy offered a vivid image of her son to describe her view of him.

> I was thinking about it and it's like, Steven's a piece of plasticine and whatever is near him, you know, pushes against and makes an impression and that what he is going to be for the rest of the day...He's not a very defined person you know ... And I looked at him and I was thinking, he's going to be a follower... he'd go along with the crowd, whatever they're doing...Easily, easily impressionable...he's not defined very well. (Cindy)

Three participants spent time considering the reasons for the progress they had recently seen in their children's behavior. Karen believed the progress was due to changes in both her son and herself from their experience of being in the new context of a program outside of home, giving both of them a different perspective. Joanne and Sandra believed the positive changes were due to changes they had made themselves as well as medication for the child.

On the basis of their own experience, several participants articulated the belief that in order to truly understand the inside view, of what it was really like to live with a child with behavior problems, you had to actually be in it, to have the experience, or in Sandra's words:

> There's some things in life, there are some very empathetic people that have the distinct ability to try and understand something when they haven't been through it, but by and large, I would say many things in life cannot be understood unless you have experience. (Sandra)

Sandra concluded that the gap in understanding might be related to the false beliefs people often hold about childhood and parenting, leading to an attitude of mother blaming.

> To me, the way life is now, people have a rosy colored picture of what it's like to raise children, even normal children, and what you see is very one sided and rarely is the negative side portrayed. And if it is, it's the

> parent's problem, parent's abuse or mother is unstable or those kinds of things. And as my family doctor was saying, people don't think that kids have a problem. They generally don't think kids are a problem - even if they're acting out, it's the mother's problem. It's just because we have this rosy picture of childhood - that it's just a happy time. (Sandra)

Just as participants held to their strong belief that the inside view was based on experiential knowing, several contended that outside supports and connections were vital in order to cope with and live through the experience. For Debbie it was not about blaming, but about moving beyond that and getting resources to people.

> I'd never ever blame the behaviors on the child. I work with the child, I work with the parent to try and help the child, not to put them down for whatever reason, And we all have difficulties and even if there's things that maybe shouldn't be done...it shouldn't be dismissed or ignored or ridiculed. It should be worked on and get resources there to help the people. (Debbie)

Sandra concurred with Debbie in stating that community resources were the key to the positive gains that had been made in her family, based on her belief about interdependence in society: "As a society, we can't live as islands in life. We were meant to be working with each other and community supports are a part of having a family function." The importance of bringing together inside and outside views was reflected in Marilyn's yearning for connection as she asked: "I'm just kind of curious. Are you finding commonalities with the moms that you're talking to? Am I normal to feel this way?"

Finding a purpose. In seeking to bring meaning to their experience, a number of participants reflected upon a purpose and how they could use the experience. For Debbie, Sandra and Cindy, they saw their parenting role as an opportunity to honour a commitment to their child, to make the child's experience different from their own upbringing. This commitment served as a powerful incentive to change, to make it better for their children. Sandra wanted to move beyond the "Whys" to a place where she could use her learning to help others.

Joanne offered eloquent and moving testimony to the power and meaning that purpose can give to one's life, providing the strength and belief in oneself to get through it. Her words speak for themselves.

> Sometimes I wonder why, like when I'm watching him having a temper. And I think to myself, why didn't I get a quiet little girl. Life would be so much easier. And then I think,well maybe God's got a reason. You were such a wallflower. Maybe God decided that you shouldn't be a wallflower anymore. So he gave me this child that made me enter the world and made me the centre where I didn't know what to do. So God has a purpose for me. That's what I think...and I think, well, you have lots of patience, and you're stubborn. It's amazing that he gave you this child. (Joanne)

Learnings and changes in self. From their parenting experiences, participants deliberated on essential learnings that brought transformations or changes in themselves, in personal definitions of self. These learnings were derived from their own self-reflections and from what their children had taught them about themselves.

Of all the participants, Karen's experience seemed to have the least impact on her self identity and she was the least affected by outside judgments of her parenting. She seemed to be able to maintain a distance which kept her self-esteem intact. As a result, Karen felt no major impact or changes in her self- identity. Certainly the tension and frustration were present but it did not make a significant difference in how she felt about herself.

> If I look back I know that I was never relaxed. And I felt often annoyed and on guard, tense...but I was managing, I was OK. Like I got through the days and I never felt depressed. It's never seemed to affect me...Certainly my days are easier and I'm happier with how things are going in that, but I don't see my overall affect as being different.

Karen again described her experience in a way that suggested an externalization of the problem, a distancing of self from the problem, of not taking it personally. Even though it was difficult in the moment, Karen was able to recover quickly afterwards.

> It's kind of like going to work and you have a hard day at work, but that doesn't affect how you feel about yourself. Maybe that's what I'm saying is that overall how I'm feeling about myself, is I'm still me and I'm OK and I'll get through this. (Karen)

Other participants noted changes in themselves that were unique but helpful in addressing their own perceived needs. For Cindy, she learned to be more open and trusting, particularly in discussing her son with someone other than her husband. Being able to talk to someone from the outside offered Cindy the outside perspective she was seeking because she was not able to see how she was contributing to her son's behavior or what was causing it. Debbie noted that she had learned to laugh and have fun without it hurting, a sign to her that she was succeeding in her goal to move beyond her own experiences of abuse and become a different kind of parent to her own children. For Liz, seeing and having to deal with her daughter's behavior gave her insight into her own childhood and she became more accepting of herself.

> Seeing as how I was probably that way when I was younger, judging from all the stories I hear and from what I can remember. I think I have more insight now as to why I was like that and so that helps me understand myself better. (Liz)

For Sandra, the most important changes in herself related to her ability to put self-care as a priority and to choose beliefs different from her upbringing. This growth reflected her primary task and accomplishment of learning to define and value herself.

> It's taught me alot about self-acceptance, self-protection and nurturing and I find the more that I can do that for myself, the more able I am to do that to others...I find I can do a much better job at mothering and just being a sensitive kind person if I take care of my needs. But I've also really changed in terms of how I treat myself...and it's just been so advantageous for growing because I know in the past, I was extremely self-critical. (Sandra)

Sandra portrayed her experience as part of an ongoing life journey of learning which still might have some bumps and rough spots, and in which her learnings helped her to connect the present with the past and the future.

> And again, it's keeping in mind the delicate balance...I'm just feeling now that I'm coming up for air. I'm starting to have a balance and starting to enjoy life but I also know that there's situations that come up that can upset the balance into a negative spin...Just because things are going good, I'll never forget how hard it was in the bad times and I hope that I'll always be sensitive to people who are down...I could help mothers because it's an extremely difficult time...those are the kinds of ways that I could see myself reaching out in the future. (Sandra)

Five participants described the changes in themselves, the learnings that came from what their children had taught them. They spoke of the deeper capacity for tolerance, understanding and sympathy for others that they had gained from having their children. Having the experience on the inside made them much more inclined to empathize rather than judge others.

> When you have a child like Sara, you become much more tolerant of other people's kids. I'm more sympathetic than anything else when I see tantrums in the mall. (Liz)

> I feel like I've opened up a whole new area of discovery that I never would have in terms of the skill and the knowledge about how to raise a difficult child...suffering so much pain and knowing what that's like, and somehow being able to understand another person who's going through it. And to give them the hope that there is an end. (Sandra)

> I've had this belief that we are on earth to learn whatever it is we're here to learn. And I've said Scott has been a marvelous teacher for me, he has been my teacher. He's taught me patience beyond anything I would have dreamed... and total unconditional love in spite of anything he could possibly do. (Karen)

For a number of these participants, this patience and understanding extended into the workplace and made them more effective in dealing with people.

> I think I'm a lot stronger person than I was before I had Ian. I find myself a lot more tolerant at work.We deal with a lot of different problems at work and some difficult people. I work with some difficult people too, just the colleagues I work with. But I think I'm doing better there. I think I've grown from it in some ways. (Marilyn)

> I think it's really changed my practice as a nurse. When I go into the home, I'm there to listen to the mother to tell me the way things are because I know that mother is the expert on what she has seen and how she perceives things to be. And I don't go in with a judgmental attitude. (Sandra)

> Having Chelsea in my life has given me alot of patience, alot of understanding for other parents and children that I work with...and I appreciate and understand other parents of children with the same thing, what they're going through now. Whereas before, I didn't totally understand it...I never blamed the parent for the child's behavior...but now I have a much more appreciation for the parents, and why they feel so ragged sometimes or on edge. (Debbie)

Karen, Sandra and Marilyn talked about acquiring an appreciation for the ordinary; appreciating normal things, like being able to go for a walk, that other parents might take for granted. Perhaps having to be so completely present in the moments of difficulty with their children gave them a greater capacity to be more present and to appreciate in a fuller sense, the more ordinary moments of life.

> It's given me an appreciation for what a gift it is to have a child that doesn't have difficulties. That it's all a miracle and that on a day that things are going well, it's not a given, not something that I take for granted, it's like a wonderful gift...I remember when I worked at the cancer hospital, and somehow people that were dying of cancer were more alive and freer of the burdens of everyday life. I almost feel like this has done the same for me...yes, an appreciation for the ordinary. (Sandra)

In reflecting on the "tremendous amount" she had learned about herself, about parenting and about the inside view, Debbie described the most important gift her daughter had given her: "More optimism, more acceptance of it. She is who she is, just like my husband."

Summary. As illuminated in their eloquent descriptions, the participants conveyed in profound and moving ways the life-changing transformations, the genuine learning that occurred for them as they moved through the process of giving meaning to their experience of parenting. From their personal meanings came a sense of purpose and an expression of hope for the future.

Theme 5: Looking to the Future

The threads of the past have been woven throughout the themes, making connections with the present. Experiences from past contexts of childhood, relationships and school affected how participants interpreted and responded in their day to day experiences of living with their child. Thoughts and views of the future were also significant in the close linkages to the present. Fears and dreams of what the future might hold played a part in how participants perceived the present.

Living With the Dreams

van Manen (1990) suggests that the fundamental experience of parenting is hope or in his words: "Hope refers to that which gives us patience, tolerance, and belief in the possibilities of our children. Hope is our experience of the child's possibilities and becoming" (p. 96).

All participants expressed their hopes and dreams for their children, the potential they saw, and the goals they had defined for them. They expressed optimism for the future of their children and the need for a long-term view, in order to better assure that the dreams became realities. Karen had a completely positive view of the future for her son while Marilyn's dream of a future with no problems was tinged with reminders from the present.

> [I don't think]...way down the road. I was thinking more in terms of when we get to school. That kind of future. When I think of way down the road, I assume that things will all be better and he'll just be a happy kid or a happy adult. So I don't picture bad things...Yes, this is going to turn around. (Karen)

> Occasionally I think, well maybe we'll just do this at daycare and go into Kindergarten and we'll be fine. But a little voice in the back says, I don't think so. (Marilyn)

Sandra's vision of her son's future included challenges because she viewed her son's difficulties as a lifelong illness. Her dream was for him to be able to learn to understand and cope with his condition.

Several participants wanted their children to find happiness in themselves and to have a positive self-image while at the same time, fitting into society and being accepted by their peers. They wanted them to become productive citizens who contributed to society. In their dreams for their children, they envisioned a balance of self-control and self-sufficiency, enhanced by a strong sense of self-esteem.

> My hope for Sara is that she can gain control of the negative aspects of her spiritedness and learn when it's appropriate to keep herself in check and when she can let herself go. And yet not lose any of the positive parts, like her creativeness, and her bubbly spirit that she can have. I don't want to beat out the negative part of it because you beat out the positive part with it. (Liz)

Dreams of academic success and social adjustment at school in the not so distant future, were commonly voiced. From those hopes for school came specific goals already in place to get children ready for the demands of a more structured setting.

> My dream for him is to be a good student, to love school, and since he has so much energy, I hope he's athletic and can run out all that energy into chasing the soccer ball, throwing a football....now we got to slow him down, if we don't slow him down, he's not going to learn. And then he's not going to be... ready for the school system. (Joanne)

Based on their own experiences, the majority of participants envisioned a future for their child that was different from their own, whether it related to school success, acceptance by peers or a stronger sense of self-respect.

> What I'm hoping is, well I want to change my attitude. I want to get better myself. And I'm hoping that Steven's going to pick up the good things. Actually I want him to fit into society, I want him to be able to function in society. I want him to be able to set goals for himself. I want him to learn how to take care of himself and deal with situations as they come. Not the way I did it where you don't deal with a situation and hope they'll go away... I want him to make decisions for himself. (Cindy)

> I've always been hopeful for her but at times I almost hesitate cause I know that she could go through the same stuff as me... you want to protect your kids from the same shit you went through but you know you cannot to a certain extent and yet you don't think of that until you have children. (Debbie)

Living With the Fears

The hope and optimism expressed for the future was clouded by the fears and concerns that participants held for their children. Fears both in the short term and the long term came to light in discussions of the future.

Fears of school held a prominent place for five participants, coloured by their own experiences and the difficulties their child was already having in play school or daycare settings. Fears emerged of negative labels such as "the bad kid", of being rejected and the possibility that special educational services and programs might not be easily accessible or might be financially burdensome.

In voicing their fears, participants expressed concern for those times ahead when their children would grow older and move outside the family, away from the circle of parental protection and control. Four participants were concerned about the negative influence of peers, and worried that their children would become followers due to their lack of judgment and self-control. Three participants feared the possibility of their children losing self-control to the point of getting into trouble the law.

> But I've talked to people who have older children with behavior problems and they're ongoing. I'm kind of tired just thinking what about what might be in store. When he gets to be a teenager, when he's big and strong. If he loses his temper then watch out....It's scary,is this how serial killers start? Is this how people who can't control their anger, where is this kid going to be when he's a teenager if he's like this?... And so I get very concerned about his future when I see what is happening now. I can still control him now. (Marilyn)

In the long term, the majority of participants saw their child having a "life struggle", a "long haul" that would have its difficulties. Although there would be changes, it would never be over completely. As Liz put it: "the battle will always be there, it will just change form." Fears and concerns entered into their horizons when participants envisioned family relationships in the future. Joanne's deepest fear was that when her son grew older, he would leave her for his natural father. Cindy, Sandra and Debbie feared that family patterns of abuse or mental illness would be repeated through their children.

> [I worry] that he's going to end up being a miserable teenager. Do the same stupid thing my brother did . But not necessarily to his sister but to someone else. I don't want him to turn bitter against people and then start destroying things, just for the sake of destroying things or killing small animals. (Cindy)

> I have a very concrete fear and that's my brother who's now 17 now and he has, I believe, the same diagnosis that Michael has. And yet his life

> has been very sad, very tragic to this point, and I don't want Michael to repeat that. (Sandra)

> I have those fears of somebody who will take advantage of her because of her inappropriate behaviors because she grabs us in our private areas, what happens if she does that out in public? And I think, oh god people are going to think I'm abusing my kid cause she's showing signs. (Debbie)

In expressing their dreams and fears for their children, several participants sought to define a role for themselves to assure a more positive outcome. However, the challenges of living with their child in the present led participants to query a future in which they might have less impact and influence over their child. For them it was about coming to the realization that while they could not be overprotective, they would have to remain closely involved in providing support to their children.

> I know I can't isolate him... you know,the motherly type instinct where I want to protect him from everybody and everything. I kept telling myself I can't protect him from stuff. I can just help him. And so I don't really try to disillusion myself that I can protect him from everything (Cindy)

> I want her to be able to be herself, feel confident, self-esteem, when she's frustrated. And to be able to do things on her own but yet to know that her mom's gonna be there for her too. Through the good and the bad...But I also want to be protective of my girls because of the things out there. Cause I want her to be able to have trust but also have instinct. (Debbie)

> My fears are that she's gonna be totally out of control, that I'm letting her get away with too much and that every one that says you gotta discipline her more is going to be right. And she's gonna be too wild. She's not going to gain control herself and by then, she's going to be too far gone to get it control of. It's really hard to know if you really are doing the right thing. (Liz)

> I know that he's very suggestible and that if he gets in with the wrong kids, we'll be in big trouble. I will probably always have to really keep a close eye on Scott. One little friend had that really negative influence so I was seeing Scott being more aggressive and being really negative. And thinking it was really cool, cause he was being just like his friend. That's what he's going to need help with in the long run. (Karen)

Summary

As it is with every parent, the vision of the future framed and coloured participants' views of their children, of what they would become. As well, the dreams and fears expressed by participants had much in common with the dreams and fears of every parent . Despite their far more serious worries and fears, each participant found a way to maintain a sense of optimism for the future; that it could change, that it would get better, holding on to the visions and possibilities they dreamed for their child. Whether it was through positive qualities they saw in their child, similar strengths perceived between themselves and the child, or signs of progress they had seen already, participants saw the necessity for and strength in holding on to their belief in their child and the future.

Theme 6: Considering Gender

Longitudinal studies reflect a stable trend in the incidence of behavior disorders in children; by age five years, there is a significantly higher proportion of boys than girls exhibiting acting out aggressive behavior problems, reaching a ratio as high as 4:1 (Offord,1995). Theories exploring possible causes for this trend have considered genetic/biological, societal/environmental or a combination of those factors (Wahlsten, 1995).

Of the 7 participants in the study, 5 were parenting boys with behavior problems and 2 were parenting girls with behavior problems. Toward the end of the interviews, participants were asked if they had a sense of whether the factor of gender was an influence in their child's behavior or in their own approach to parenting. Based on their own experiences, participants offered an interesting and diverse array of interpretations to the question of gender differences in children with behavior problems.

Six of 7 participants contended that boys are generally more aggressive than girls in their behavior. Karen felt parental and societal expectations played a vital role. She believed that because we do not expect to see aggression in girls, such behavior would likely be much more noticeable to her and would be more quickly censured than if the same behavior was exhibited by a boy.

Debbie and Liz, who were parenting girls with behavior problems, offered different interpretations of the fact that boys showed more acting out behaviors. Debbie felt girls were generally less aggressive in their behavior but because of this expectation, acting out behavior in girls often went unacknowledged as such.

> You don't really see it in girls and Chelsea's the first case I've come across. Which makes it doubly hard. I expect it from a boy but yet I'm dealing with it because it's there in her...you're not prepared, you're not watching for the signs and symptoms. You might pass it off as being just the terrible twos or sibling rivalry but she had the behaviors long before the baby came along. (Debbie)

From her experience of her two daughters with their very different personalities and her friend's two sons, Liz concluded that aggression was not an exclusive trait of boys but had more to do with personality. She saw the possibility for boys and girls to be either be more boy-like and therefore more acting out in their personalities, or more girl-like in choosing other more subtle ways to gain control over their environment.

> If Sara would have been more boy-like, I think probably I would find myself in the same boat as Karen, tending to have to control a more aggressive child and a more up-front child. One whose spiritedness is more visible to the world. Whereas Sara's spiritedness you have to really be around her for a while. Unless you have seen one of her flying off the handle tantrums you probably wouldn't really see a lot of the spiritedness. Now Karen has seen enough of her that she says yes Liz you're right. She is spirited and yes she is different than Scott. But other people might not see it as fast or as easy. At first glance she wouldn't seem to have behavior problems...with boys, it tends to be more obvious. (Liz)

Liz believed that although spirited boys and girls were alike in many ways, both had the same goal of control. Boys were more visible due to their acting out behavior, while girls operated in more subtle ways to exert control and as a result, were often not noticed.

> You can definitely tell these spirited kids...I mean they're both more of everything. They're both to extremes in every way. They just show it in different ways. They're both very much wanting to get control over their situation and over their lives...but they have different ways of acting it out. Scott's way to control his brother is to beat him into submission whereas

> Sara's way to control the same person is to boss him around and try and talk him into doing things her way. And to yell at him if he's not listening to her. Sara's way is more subtle. (Liz)

When presented with information that in adolescence girls tend to show more internalizing behaviors such as eating disorders and depression, Liz confirmed that from her experience as a spirited child, this may well be the case.

> I did actually myself go through a bout of depression in my teenage years and actually then once again too later on when I was older and out in the work force. So I think that's probably very true that we tend to hold it more inside until we can't take it anymore. The boys tend to release it, set on a shorter fuse and tend to release the emotions. So yes that's probably very true. (Liz)

When asked about their own reactions in terms of parenting, 4 participants clearly stated that parenting a girl with behavior problems would be just as difficult as parenting a boy with behavior problems, one would be no easier than the other. They further contended that there would be no differences in how they would parent a child of either gender.

> I have two friends that have girls with behavior problems and they're very challenging. So I don't see them as any easier than Michael...we really try to treat our children equally. We know that they're boys and they're girls, but in terms of affection, it's really all the same. I don't think it would have been any easier to parent...and I'm clouded by the girl that I know that has quite aggressive acting out. So I would think it would just be the same. (Sandra)

> It's not necessarily that it's any easier or any different with her being a girl...whether a boy or girl, these same issues are still gonna...they have to dealt with whether it's a boy or a girl. And I don't think she's any different for handling than boys that I've worked with. The same difficulties, the same issues, the same common themes. (Debbie)

> [If he were a girl]...if he had, if she had the same problems, that same speech problems, the same discipline problems, behavior problems, no. It wouldn't be any different. We'd still be doing the same... Cause you still can't go to the restaurant. You still can't go to the neighbours. It would, I think it'd be about the same. (Joanne)

Cindy and Karen, on the other hand, felt they would react differently to girls than boys, mostly due to societal expectations and the sex roles into which children are socialized.

> I tend to react to boys and girls differently. I find myself doing it. I think with girls, you're complimenting their appearance, what they're wearing, say aren't you pretty, your hair's pretty, your dress is pretty. And with boys it's you're such a big boy, you know, growing up just like daddy, you're clever. And people expect girls to have pretty hair, to have pretty eyes, like dolls, like clothes. And with boys, boys like cars, boys like diggers. And I think how people react to him as a boy is definitely different than how they react to Carley being a girl...I think we tend to give Carley more attention... I think he does notice that she gets something different than him. And I think he may want something like that...so people treat little girls different than boys, they do definitely. (Cindy)

In considering the reasons why gender differences occurred, 2 participants were convinced genetics played a primary role, 4 saw societal factors as paramount and 1 participant saw it as a combination of both. From their experience, Sandra and Debbie thought heredity was more powerful than gender in determining child behavior problems.

> I think attention deficit runs in my side of the family and obsessive compulsive and I think my father has it and I think maybe even my mother has attention deficit. I know that two of my siblings are affected out of five which is quite unusual. I think generally it's just one in a family so that's why I think the genes are from both sides. So I think even if Michael had been a girl, he would have had it. (Sandra)

Karen, Cindy and Joanne pointed to the powerful influence of media and toys on children in defining sex roles and establishing expected behaviors in girls and boys. All three had seen from their experience with their own children, how boy's toys such as action figures and guns invited more action and fighting and brought out more aggressive play in boys.

> I find the aggression builds up more in little boys than girls because, boys have all the Power Rangers and the Gargoyles and the Batman figurines. Little girls don't seem to get those little fighting figurines that the boys get. (Joanne)

From her experience, Liz had come to a different conclusion. Before having her children, Liz was convinced that sex roles were a completely learned behavior. However, since becoming a mother she saw genetics having more influence, resulting in a complex interplay of both factors affecting the development of aggressiveness and sex roles in children.

> If you would have asked me before I had kids, I would have said, that it's all society's influence and they've picked that up from watching other things in society. That's how boys are allowed to act and girls are allowed to act but now that I've had them and I've seen other little kids...I've seen it in little kids and until they're about one, all the babies are relatively the same. But when they get a little bit older and we get all the little toddlers in groups, the girls always sit down quietly in small circles together and play together, and the boys always run wild.
>
> And I said, it's gotta be more than just society. It's gotta be something that's inborn, inbred in them too because there's nothing that I ever did or said to Sara and it's not like she watches TV all the time and sees all this. And I've always encouraged her to like all sorts of toys. And myself, I prefer the so-called boys toys. I was always one that would rather play with cars and trucks and was labeled a tomboy but she's a very girlie girl. And I don't know if it's all society's fault. It's gotta be something that's born into her too. (Liz)

Debbie concurred that she herself had not "pushed" sex roles and even with the behavior problems, her daughter still showed many feminine preferences in her play and dress.

> I was a tomboy myself growing up. And if she wants to dress up she dresses up. I don't dress up very much but she loves it and I don't deny her that. But she is who she is and that's her personality. (Debbie)

Liz and Debbie both made important points about how outside perceptions and expectations can affect how behavior problems are defined and acknowledged in young children. Debbie noted that because acting out behavior is not expected in girls, it is often missed, as she found out in her dealings with her physician.

> Whenever I went to the Dr., I just wanted that acknowledgment, yes, she does have a behavior problem. Of course, the pediatrician just laughed. Well I said then send me the report that says she is this. And he just laughed. It's almost like he was saying well it's in your head, that's not true. Chelsea doesn't have that because it's more common in boys. (Debbie)

As noted in her earlier comments, Liz found that because behavior problems are only defined as highly visible acting behavior, different more subtle behaviors in girls are often missed and certainly not defined as behavior problems.

The interpretations and conclusions offered by participants on the issue of gender differences in behavior problems in young children appear to be in general agreement with present research findings. Issues of gender and behavior problems are generally viewed as a complex process of interactions among genetics, social learning and societal expectations which is strongly influenced by individual experiences.

Part 2: Viewing From a Distance: The Videotape Experience

The study of parent-child interactions has provided a rich source of knowledge and insight in the research area of children with behavior problems. Researchers have employed a wide variety of highly sophisticated methods of observation of parent-child interactions with the majority focusing on the outside view, the trained observer watching the parent and child. Interest in the inside view, the view of the parent, has prompted more qualitative studies using the interview approach to help illuminate the parent view of their own experience. This approach was used in the first part of the study in an attempt to capture the view from within.

The videotape aspect of this study continued to highlight the inside view not only by filming parent-child interactions in the home but by going a step further and placing the participant in the role of researcher. In this study, the participants were given full responsibility for choosing to film what they felt was valuable and truly reflective of their experience, of what life was like on a daily basis for them and their child. Further, participants were provided the opportunity to do the filming themselves, without the researcher present.

The videotape experience offered participants the opportunity to distance or separate themselves from the action, moving from being in the actual experience to watching themselves in it; affording an opportunity for a new perspective, to see it in a different light. While watching the videotape with each participant, I was struck many times by the differences in our perceptions which shaped our interpretations of what we saw on film. However, the conversation around the videotape experience remained within the study focus of the inside view, the perspective of the participants.

As stated previously, the initial interview experience and the videotape experience were closely linked. During the videotape interview, participants often confirmed, reinforced or extended thoughts and ideas that they had expressed in the initial interview. In fact, many of the themes and subthemes emerging from the two experiences were parallel. Together, the videotape and interview experiences may have offered an experience of hermeneutical process for the participant in which they were able to watch and reflect back on, perhaps changing and refining initial impressions of meaning. The interconnection between the two experiences may also relate to Harper's (1994) description of the power of visual images to help make statements of meaning that have been difficult to put into words.

Theme 1: Doing The Videotape

All participants found the video equipment relatively easy to operate. Technical problems were minor and included inconveniences such as trying to film and interact at the same time, forgetting the camera was on or not realizing the camera was off. When queried about the experience of doing the videotape, the conversations centred around the degree to which the film typified daily interactions, why they chose to film what they did, and their personal reactions to doing the videotape.

The Role of the Camera

All 7 participants believed the presence of the camera had little effect or influence on their child's behavior. Participants described the behavior of their children as natural; they were being themselves. They saw their children as generally being unaware of the camera. Five participants commented that even if their child was aware of the camera, because they could not tell if it was on or off, they were unaware of when they were being filmed.

> [He wasn't affected by the camera]... not when he was doing that game because he got into it and I don't think he even knew...well, he knew the camera was there but he didn't know if it was on or not. (Joanne)

Six of the 7 participants judged them own behavior to be natural on camera. They noted that they remained aware of the camera for technical reasons, to make sure it was filming, but that this did not affect their behavior. Liz noted her role as technician but in contrast to other participants, the presence of the camera also changed how she interacted on camera with her children.

> I knew the camera was on...it probably affected me some, I was probably trying to be better or nicer than I usually am...You tend to watch yourself. I knew the camera was on every minute because I was thinking to myself what would be good and what would be bad to show on the camera, when I should pause it and when I should turn it on...I never tried to steer any sort of behavior or anything, but as far as my own behavior went I always knew it was on, so I'm probably not at my most natural. (Liz)

Choosing What to Film

Participants offered some interesting insights as to why they chose to film what they did. For 5 participants, it was important to them to be able to show the negative side of life with their child, the behavior problems, that were a part of daily routines, as well as the frustrations they felt as the parent. Participants did not "set up" scenes but instead chose to film everyday routines of mealtimes, bedtimes and play activities that they expected would evoke the usual behaviors they wanted to show.

> Well, I wanted you get a feel for the frustration that you can feel. You're trying to do something just really small. Just a little thing like wash your face and brush your teeth and how it turns into such a huge ordeal with everybody mad and upset. And it's not like it's something that you can not do. That's the normal daily routine. And that's the thing with Ian. A lot of routines that people take for granted as being a normal everyday thing, are complete ordeals. (Marilyn)

Participants sought to portray a balanced view of life with their child by capturing the good times on film along with the difficult moments.

> I tried to show things that she enjoys, it's tough too to get the positiveness, other than having the negative behaviors. Cause those are the things she does enjoy; drawing, or singing, dancing, she just loves. That is something she feels good about. (Debbie)

Three participants chose typical routines that they expected would evoke scenes of difficult behaviors but were surprised at the unexpectedly good behavior captured on film. Joanne speculated that this may have been due to changes in her son due to new medication as well as changes in herself, in terms of her watching and monitoring his behavior so closely.

> So I thought this would show some of his behavior, like his attention and his behavior problems. Not at all..[he sat for] about 10 to 15 minutes...It was neat, but I was kind of frustrated because that's not why I was taping it...he just totally surprised me...because I kept wanting to catch him being the real Kevin, but maybe this is the real Kevin...but it was like he knew exactly what I was trying to do...one of the big steps right now is this medication. So I think that's what I was really doing is I was watching too closely...I don't know if I was watching and expecting a change. (Joanne)

Personal Reactions

Participants' reactions to actually doing the videotape were fairly neutral in tone. Common comments were that doing the videotape was "kind of fun", "OK", with "no surprises." Three participants commented on minor technical inconveniences that created some annoyance. Several participants offered their own unique reactions to doing the videotape. Karen noted that it was her child's recent progress in behavior that allowed her to do the videotaping whereas 6 months ago, it would have been very difficult.

> I don't think I could have managed it, 6 months ago...[the camera] would have been in a locked room somewhere...it would have been really difficult, it would have been a major inconvenience because... because that kind of stuff went on it seemed like endlessly, the difficult kinds of things that were happening...it would have been tough to do. (Karen)

Along with her frustration in not getting the behavior she wanted on film, Joanne found she was watching and noticing Kevin's progress as she was filming. For her, observations and insights came as she was doing the videotape rather than when she was watching it afterwards.

> I was realizing, I was figuring as I was filming that this kid is being, his attention span was being quite good...contented is the word I'm looking for and that was really new. (Joanne)

Liz also indicated that for her, more was going on in her own thinking as she was doing the videotape rather than when she watched it, and that she was aware of feeling judged.

Marilyn described the experience of doing the videotape was quite different from what she expected as she found herself acting quite naturally on camera.

> I had my doubts..[about doing the videotape].. I thought it would just seem kind of stilted. That it wouldn't be natural. But I just tried to forget about it and I was losing my temper (laughter) and raising my voice...it's very hard not to when he's going through one of those little episodes...I think that captured the essence of a lot of things that go on around here. (Marilyn)

Theme 2: Watching the Videotape

Within about a week of having each participant do the filming, I returned to their home where we watched the videotape. An interview was then conducted regarding the videotape experience.

Of the two aspects of the videotape experience (doing and watching), the theme of watching the videotape comprised the larger and richer focus of conversation with several subthemes emerging. Given the visual medium used, it is not surprising that the perceptions and interpretations centering around "seeing" were primary to the experience of participants. To a lesser extent, subthemes related to feelings and taking action emerged.

All participants used the second interview to further reflect upon and often extend their ideas and emotions which had been expressed in the initial interview as well as those which emerged from watching the videotape. For the majority of participants, inside/outside differences were strongly highlighted by the experience of watching the videotape. Participants offered varied perspectives on the overall value of the videotape experience for themselves, ranging from finding the experience of little value to viewing it as a moving experience offering significant and profound insights for themselves.

Seeing

Seeing once more: Confirming what I know.

For all participants, watching the videotape was useful in being able to confirm thoughts and perceptions that they had already known about their children, themselves as well as other family members, including husbands and siblings. For several participants, the videotape confirmed both positive and negative behavior patterns they had already seen in their children.

> I noticed at the end there when they were playing the alien game how whiny Sara was. I knew she was whiny but on the videotape it shows up even more that she was extremely whiny at that point...she's very loud...I know she's loud and yes, that just confirms that for sure. (Liz)

> I wish he was like that all the time...[behaving better]...Yes I wish he could be like that more often. Oh yes . I know he can be good...he can be a good boy. (Cindy)

For Debbie, watching the videotape was particularly important in validating her belief that her child does have a behavior problem.

> [For me, what was confirmed was]...yes she is the way she is...because seeing it played back; sometimes because of other people's comments you think, well, is it just my imagination or is she difficult at times, sometimes I even doubt myself. Am I being too harsh...or am i feeling what I should be feeling. (Debbie)

With filming taking place in the home, it was natural to have siblings included in the interactions. From watching the videotape, participants noted the negative impact their children had on each other and again expressed concern for the sibling.

> The videotape brought it home that, moms of children with special needs, you often worry that you're not giving your normal child the attention that she receives...that she needs. So being aware of that, ...both Dave and I try to give her alot of nurturing as well. Some people think that I shouldn't hold her as much I don't believe in withholding affection. So I do alot of cuddling with her...I did [notice that on the tape]. (Sandra)

From watching the videotape, 6 of the 7 participants found they were able to confirm knowledge about themselves and their parenting, the majority of which was very affirming, reinforcing what was working for them and how they were coping successfully. Strategies that were noted included: using words appropriately, keeping calm, using eye contact and positive reinforcement.

> The way that I use my words with her and I was keeping calm, I wasn't my usual yelling at her... I felt good about that. Even though I was being taped, I could still be my natural self... that's my natural self...where it's getting easier for me to be able to say things to her. Yes, so I was kinda glad that I was able to tape it and then look at things. (Debbie)

> Actually I think I was handling it fairly well. The thing with the felt pens [on videotape], I made him look at me, get some eye contact. That's really important to Ian, he does need good eye contact. And we negotiated on the felt pens. I I'm pretty good at negotiating with him and defusing him, I guess. (Marilyn)

> I noticed that we are very attentive to Michael's needs...I notice that I'm extremely positive, I didn't realize how positive I am when...they'll do something right ... So it's reassuring in that way and it gave me an understanding of why we were so tired because we're trying to juggle so many different things at the same time. (Sandra)

Three participants did comment on less positive aspects of parenting that the videotape confirmed for them. Marilyn noted a strategy that she knows can work but is impractical and Liz noticed her own reaction was not always the most effective with her daughter.

Three participants noted how watching the videotape confirmed their perceptions about the role their husband plays in family interactions. While it was confirming and positive for Sandra and Karen to see, Debbie re-experienced her frustration, all of them paralleling their comments in the subtheme covering couple issues.

> [I noticed] that I do most of the care giving which I already know that but it's sometimes frustrating. (Debbie)

> I think Al and I are pretty together on the discipline and what we do...I think that was confirmed [on the video]..it's a team effort, yes. (Karen)

> At first I realized that we were on tape and I felt a little bit nervous. But then when we started to behave as we normally do, I realized that I felt quite proud of our family dynamics...it just confirmed the fact that Dave and I work really hard to meet the needs of our children and to be positive supportive parents. (Sandra)

For Debbie, watching the videotape had a powerful impact in confirming for herself that she is a good parent.

> So watching this video made me feel...oh, reconfirmed, yes I am a good parent...despite having difficulties, I'm doing a damn good job, considering. Well, better than what I thought I would be doing. (Debbie)

Seeing differences: Changes and progress. For 3 participants, the experience of watching the video highlighted differences, signs of progress in their children and in parent-child interactions. Both Joanne and Karen noticed their children were more compliant and responsive to them.

> It's been slowly getting better. I've noticed his imagination is just starting to kick in or get better. It's really neat to see that [on tape]...before I would have to constantly entertain him or he was just into trouble...now all I have to do is just say "Kevin". That really stops him. Before that was like it was a waste of time. But I noticed that on the film too. (Joanne)

> So this is Scott [on video] handling his brother being kind of a jerk. Two months ago he would have gone over and just bumped his brother and pulled him away. But he's asking him, he's using his words...and again here he followed directions there with prompting...and a month ago we wouldn't have had them playing in an appropriate manner. Whereas here they're playing quite nicely...and I'm there but I'm not sitting with them, supervising. (Karen)

For Debbie, watching the videotape helped her to see changes in herself, confirming the progress she was making in her goal to have more positive interactions with her daughter..

> That's what I liked about the tape was because I got to see how different I am. Rather than yelling all the time, I can also have these good positive interactions with her and yet when I am dealing with her, I am more calmer rather than so frustrated...I'm able to deal with it in a more effective manner I think. (Debbie)

Seeing new possibilities. Watching the video certainly brought forth different reactions for participants. For 3 participants, watching the video generally confirmed what they already knew, there was nothing new, it all seemed "pretty normal" to them. For the other 4 participants, they saw the video as offering "a new perspective", allowing them to see more, to see details, to see things that they hadn't realized before. The idea of distancing or separating self from the experience in order to see a different perspective came through. As Marilyn put it, "you don't see the big picture when you're in it." Debbie also expressed it well.

> I think it's different than when you're doing things than when you actually play back something you've seen, cause you're not always aware of what you're doing at the time, cause you're so involved with it... very helpful information, and you pick out a lot of things that I didn't from audio or visual stuff. (Debbie)

Once again, the degree of importance or significance of this new knowledge varied across participants; some saw only minor details which held little significance while others saw things which for them, had a powerful impact. Participants noticed new possibilities in their children, in themselves and in their interactions together.

> Yes, I noticed that I laugh quite a bit. I find things funny and delightful about the things they say and how they see things and I didn't realize that. So I saw myself laugh more than I would have expected myself to...[It says} that I'm relaxed and I think you have to be a certain amount relaxed to see a sense of humor and I'm really enjoying what I'm doing.(Sandra)

> I'm always telling her alot of times rather than asking her. So that's one of the things that I never realized that I do...So rather than letting her decide for herself what she wants to do. Even though I do give her choices along the way, but I'm always at her almost....I'd never picked up on that before so. I didn't realize that I was always talking for her or doing for her rather than letting her. So that will change the way that I approach things with her. (Debbie)

For 2 participants, the experience of watching the videotape brought new realizations about themselves and their relationship with their child that gave deeper meaning and had a powerful emotional impact that moved them to tears. For Debbie, her past experience had often overshadowed her confidence and comfort in her role as a parent; to her, the videotape offered a new more hopeful view of herself. For Marilyn, her negative experiences as a parent had been so powerful and at times overwhelming, that she had not been as aware of her child's perspective. The videotape gave her a window into her son's experience. It also served to make her aware at a conscious level of the deep bond between her and her son, despite the difficult times.

> And I hadn't even realized, after he had his little episode with the felt pens, I hadn't even made note of his coming over to me and burying his face in my lap. When I saw it on tape, I thought look at that. This is hard for him too. Having (tears) this big outburst. It was very draining for him too I guess. Not just me...
>
> Sometimes you start to feel really sorry for him,...but at the time... You're getting angry at him...It's not that he's always necessarily doing it intentionally...But by the same token, how am I ever going to get it to stop if I don't react to it... So I feel kind of confused about it...Cause you don't see the big picture when you're in it. That was seeing the big picture there...
>
> (tears) But it felt good to see him do that [bury his face in my lap]... we really are bonded. Despite all the bad stuff that goes on, we still end up hugging afterwards. He's never ever rejected me that way. So that makes me feel good. I think he knows he's loved. I think that he definitely needs to feel that way cause life is going to be a struggle for him. I wish I could change it. I just, sort of feel deep down that this isn't going to just, one day, be over. (Marilyn)

One participant offered a completely unique perspective. Rather than seeing new possibilities or seeing more by watching the videotape, she noticed instead what was not there in the tape; how the camera missed important details or showed a different sometimes incomplete picture which to her, did not reflect her reality. Karen noticed that on tape, mealtime appeared to be peaceful but because it only showed a few minutes of interaction, what it captured was "not particularly typical." As well, she noted her own appearance on tape did not reflect how she was feeling inside; she looked "a little bit more relaxed than the way I feel sometimes." For Karen, the camera missed important information needed to provide the full context of the interactions, either the action happening outside the camera view, or action which occurred after filming.

> So what you miss in this one, is I got him to his room. It's "if you stay in your room I won't close the door." He did stay. And then I walked downstairs and a toy comes flying at me. (Karen)

Feeling

Four participants noted their emotional reactions from watching the videotape. Three participants came away with positive feelings, describing the experience as "wonderful, "neat" and "really good." These participants generally viewed the tape as an affirmation of their competencies as parents and a confirmation of the progress they had been noticing. For Marilyn however, the experience of doing and watching the videotape centred around her thoughts and feelings of frustration, confusion and disbelief in the extreme nature of her son's behavior. She wanted to use the videotape to try to communicate the reality of what she was having to live with. For her, watching the videotape evoked a powerful reaction in which she re-experienced bodily sensations and emotions of "feeling it all over again", a mirroring of her daily experience.

> Even, every time he says shut up to me or some other swear word or yells at me, I get a, feels like this (gesture of tight fist). Even on the video. Even watching it, after the fact. It still just gives me that little boost of adrenaline and just makes me feel very tense (tears) and upset...I wish I could maybe learn to ignore some of those behaviors but they still really bother me every time I see or hear it. So it was the true Ian, that was him. (Marilyn)

Changing: Doing It Differently

The experience of watching the videotape served, in largest part, to confirm to all participants what they already knew about living with their child. To a lesser extent, 4 out of 7 participants utilized the tape to see new possibilities. In the same proportion (4 of 7), participants considered changes they planned to make, having watched the video. Even so, these changes were of a fairly minor nature, suggesting that the majority of participants were satisfied with their own actions and reactions, and would continue to do what they were doing in their interactions with their children.

> Things are working, so I'm not going to change it alot. We'll continue to work on things. Meal times is one thing that I'm going to make an effort to change. (Karen)

> Like I said yesterday, I think I'm doing a pretty good job but I really do have to stop using the TV. so much as entertainment. (Joanne)

Reflecting

The purpose of the second interview was to focus on the videotape experience. Interestingly, every participant chose to go beyond that experience and revisit the themes and issues they had spoken about in the initial interview. Each participant utilized the second interview to reflect upon, reiterate and extend those aspects of their experience which were most meaningful to them. The focus and the content that each participant chose to further explore seemed to mirror their overall place or state, i.e., "where they were at", in this experience of parenting a young child with behavior problems. What follows is a sampling of the unique ways in which participants utilized the videotape interview for further reflection. Their specific thoughts and ideas fit very well into the existing themes and subthemes of context and transformation within the major themes of "Living It" and "Learning from Living."

Even though she found the videotape experience to be very affirming of herself as a parent, in the bigger picture, Debbie found the experience of parenting to be one of deep frustration. Her frustration came from not feeling heard and not feeling validated by the outside. It also came from her own personal struggle to overcome her past in taking on her new unfamiliar role as a parent. In the second interview, Debbie found it was important to focus further on the frustrations she experienced with her child, her husband and with the process of getting help.

Similar to Debbie, Sandra's experience detailed the task of finding her own way into the role of parenting. For Sandra, the entire interview experience was very much her own story and not so much that of her child. It was an opportunity for her to reflect upon her own learnings, her own growth not only as a parent but as a person. In describing her journey of emerging from a position of self-blame and self-doubt and moving towards a position of personal strength and confidence in herself, Sandra explored shifts in her beliefs which came from her experiences and new knowledge. This was the sequence that had worked for Sandra; in order to be able to change things and make them better for her son, Sandra had to help herself first. She had to work with herself where she was more familiar, and then work on her role as parent, a newer less familiar role for her to adopt. Now that she was feeling some sense of progress (and seeing it confirmed in the videotape), Sandra used the second interview to return to her learnings and reflect even more upon the reasons for the progress and what had worked for her. She came away not only with a more informed view of the present but one which pointed her towards the future, a view of looking ahead.

Karen too utilized the second interview to reflect more thoroughly upon the reasons for the progress she was seeing in her son which again, was confirmed for her by watching the videotape. For Karen however, it was not so much a process of personal discovery and growth but was more about defining her son's needs and finding successful coping strategies. Feeling comfortable with her personal identity and her competency as a parent, Karen was less affected by self-criticism or the judgment of others. She was able to externalize the problem, i.e., separate herself from the problem, and then seek solutions without feeling devalued by or disconnected from the outside.

For Cindy, the second interview revealed that the videotape experience was of little help to her in addressing her main concern- defining and locating the problem and getting help to do just that. In the second interview, Cindy returned to couple issues and parenting issues and to her desire to get help in order to obtain another perspective. For Cindy, she was just embarking upon a journey of defining the problem and getting help, a process which other participants had been engaged in for as much as 2 to 3 years.

Feeling isolated and disconnected from others, Marilyn utilized the videotape to communicate the reality of her experience to others, to show the extent to which this experience of parenting had shaken her beliefs and turned her life upside down. This experience was something for which she was unprepared and which was often frightening and incomprehensible to her. In the second interview, Marilyn continued to question her ability to continue to cope on her own. She chose to return to themes most important to her- her cautious acceptance of progress tempered by continuing worries and concerns, and viewing the future with trepidation, of what might lie ahead for her child and her family. Marilyn voiced once again her feelings of being all alone, of missing and needing the support of her husband, of not having her experience fully acknowledged by others.

Inside/Outside

The experience of watching themselves and their children on videotape seemed to bring into sharper focus the participants' own perspectives and the contrasts, the differences with the outside perspective. As they did with their reflections, participants went beyond the context of the film, to discuss the inside/outside experiences that they had with family, friends and the public. The content of these aspects of their experiences is incorporated into the Inside/Outside subthemes within the major themes of "Defining it: The problem" and "Living It: The experience of parenting in the present."

Valuing the Videotape Experience

Participants reported a wide variety of reactions, ranging from negative to neutral to very positive, as to the value of the videotape experience to them. The broad range of reactions would suggest that the use of such a videotape experience would not be appropriate as a general intervention to be used at any time with everyone in the same way. It would be essential to respect the individual circumstances of each case, and work collaboratively with the participant to determine when and how the video was introduced, and for what purpose.

One participant was disappointed and found the video experience to be of little value to her. Cindy had hoped the video would give her a new perspective into what was happening in her interactions with her child but for her, she saw nothing new. Although her son's behavior was unexpectedly good, she found the tape offered little because she could not determine the reasons why he was behaving better than usual. She speculated that because she was in the midst of trying to define the problem, she was already in the process of watching closely and trying to analyze what was happening. Cindy did have a clear idea of how the video could have been more helpful to her in addressing her present concerns.

> I'd like to record a hundred days all the way through.. consecutive days, compare them, make notes to see which days there's any pattern. Like recording bedtimes, or the mealtimes and different things like that. Find the same sort of patterns in Steven...if you could make those type of connections and even remedying them at the time, saying well, he has to go to bed earlier. (Cindy)

For 3 participants who were already noticing progress in their situations, the video experience added little to what they already knew. It is important to note that these parents were involved in outside activities such as parent support groups or a daily child-parent program, where they were likely able to observe and receive feedback about their child's behavior on a regular basis.

The value which participants attached to the experience very much depended upon what their perception of what they needed or hoped to see and the stage they were at in terms of coping successfully with parenting their child. Three participants offered valuable insights as to how or when the video would likely not be helpful to them. When behaviors were generally negative and at their worst, during "the bad times", the video not only may have been impossible to do but would have felt intrusive and may have done more harm than good.

> There's always the thing...doubts, I guess it's a doubt, even though I know it's not going to happen, that someone else is going to watch the same video...cause it's sort of a window into your life. (Cindy)

> [Taping during those bad times]...I think it would have been really embarrassing because we probably would have seen Michael running around out of control...and you would have seen alot of frustration... And I would have felt more protective and defensive...and maybe wouldn't have been as receptive to doing the video-taping...there was a time when this just wouldn't have been possible...it would have been too intrusive and too personal to share... [at those times the videotape] wouldn't be

> helpful. It would just probably reinforce... they'd see on tape what negative kind of...how bad it is. And that would be too painful for the parent. (Sandra)

Sandra went on to note that when she was in a particularly vulnerable state of depression or hopelessness, during the bad times, she needed external sources of support to offer another perspective not a film that would reinforce her own perceptions of the problem.

> If I'm feeling strong within myself, then I think the...more the internal positive reinforcement is...I can use more of that or I should say I need less of the external. But when I was at a really low point, I needed alot more of the external...a video wouldn't have done as much, no. I would have needed somebody to say "You did this really well, you did that really well." (Sandra)

Sandra went further to define the role of the outsider, such as the researcher or intervention worker, in respecting the inside view when utilizing videotape experiences.

> But I guess what it brought home to me was...the [outside] person has to be sensitive and non-judgmental, try to see other people's side of things all the time. It's just so easy to get feeling...that you think you know everything...But I have no qualms whatsoever. I think you'd be very sensitive to that and you would never push yourself upon any of the clients. (Sandra)

Of all the participants, Debbie expressed the most positive view regarding the value of the videotape. She was eager to see her daughter on film as she sought confirmation of her own perspective, the inside view, that her daughter truly did have a behavior problem. Debbie also wanted to view herself on film, to see if there were any changes she could make. But Debbie perhaps got more than she expected from the experience of watching herself interact on tape and what occurred for her was a deep and meaningful moment of insight. The videotape served to assuage Debbie's deepest fear, that she would repeat the cycle of abuse she grew up with and not be a good parent. And as with Marilyn, the videotape highlighted for Debbie the close bond, the relationship between herself and her child. Seeing what she did on tape confirmed to Debbie that she could change and make it different for her child.

> I think it [the videotape experience] brought us closer (tears). It's emotional. Seeing the good times along with the bad times, it's not all bad...and that made me feel good that I can enjoy times with my children...my life is not interfering with their happiness. I was really...worried that I wasn't going to allow her to be herself. And I feel good as a parent, whereas before I had (tears) my doubts...cause that's what I always worry about...even though the cycle's broken as far as my part of it cause I was always careful. Am I going to abuse my children like I was abused? That was my biggest fear when I had kids. (Debbie)

The moving testimony of Debbie's story is a fitting end as witness to the profound nature of the personal meanings of the parenting experiences shared here by seven women. Her story also serves to illustrate the possibilities for using the technology of the camera to illuminate, explore and validate the inside view, both for the insider and for those on the outside.

Synthesis of the Parenting Experience

The focus of this study was on the perspective of parents, the inside perspective, of what it means to parent a young child with behavior problems. Reflections upon the meaning of the parenting experience brought the inside view into focus, inviting us into the interior worlds of seven women who are parenting young children with behavior problems.

As stated in the introduction, two lenses were provided to help participants view and frame their own experiences, through the interview and the videotape experience. The initial interview offered a viewing from within, where talking about the experience provided a distancing from the experience itself and thus an opportunity to reflect upon it retrospectively, much like looking back through an album of snapshots of important moments in their lives. The videotape experience offered a view from a distance, watching themselves in the experience, much like watching a moving picture to perhaps see a different picture, a bigger picture, to view self as other. The views from both lenses became interconnected as participants used their own knowing to bring personal meaning to their parenting experiences.

The ongoing process of parenting was framed by contexts of time, people and places. The past and future were tied to the present. Beginning at the centre with the child and the parent, and moving outward in ever widening circles through contexts of the family, friends, professionals and the public, the reciprocal interactions influenced each other. Seen as both temporized and contextualized, the process reflected interconnections, based on the reciprocal nature of the experience with each aspect shaping and affecting the other.

There were three strong threads interwoven throughout the participants' reflections on the meaning of their experience. The thread of distance was clearly visible; distance from self in the experience to allow reflection, distance from others seen through inside/outside differences, and the importance of distance to enable reflected responses rather than reactions. The thread of meaning was also visible as participants sought to make sense of their experience, using their own knowing, what was familiar to them as well as taking in new outside perspectives, but always within the framework of their own perceptions. The thread of connection appeared as participants sought validation and support for their own experience from the outside but as well, to feel connected to the outside, to not feel isolated and alone in their experience of parenting. The threads of distance, meaning and connection brought forth the essential nature of the inside perspective, that it was truly understood only through experiential knowing.

The stories of parenting a young child with behavior problems began in the process of defining the problem, where the majority of participants recognized differences and difficulties in their children at a very early age. Naming the problem proved an elusive task due to the complex and changing nature of the child's behavior. Locating the problem was an evolving process often beginning from a position of self-blame, "it must be me", moving to focus on the child, "it must be him", to a position of reciprocity, "it's both of us." The outside perspective of family, friends, professionals and the public had a powerful impact in shaping and colouring the inside view in all aspects of the parenting experience. The meeting of inside and outside views more often created dissonance rather than agreement, leaving the parent feeling clearly negated with a sense of isolation or clearly confirmed and supported in their view.

In the process of getting help and support, participants sought further confirmation of their own view as well as another perspective to help them understand and deal with their child's behavior. Participants had to adopt a proactive stance to access resources for themselves and their children. While their experience was oftentimes frustrating and difficult, several participants found a new strength in their sense of self and personal agency.

The theme of "Living it" reflected the experience of parenting in the present. The day to day reality of "life on the inside" illuminated the frustrations, the fears and the physical and emotional exhaustion of the bad days for the parent and child. It also showed the laughter, the hope and the optimism engendered by the good days, and pointed to the importance of belief in the possibility for change. As contexts widened to include family members and extended family, participants shared diverse reactions, either feeling confirmed and intact or judged and invalidated. The context of the extended family brought several participants face to face with their past, bringing forth a questioning of beliefs and a decision to change, to make it different as they grew into their own role as parent. Inside/outside contrasts were very apparent as participants sought acknowledgment and understanding from the outside of the simple fact that living what they were living was different (and more difficult) than people's normal experience of parenting. Perhaps the single most painful contrast with the outside came from contact with the general public, where participants felt the sting of unfair judgments without any understanding of their reality. From these experiences with the outside and their experiences of the inside, participants came to the belief that the only way to truly know and understand this experience was to live it.

Experiences of living in the present brought genuine learnings and personal transformations for participants as a result of their lived experience. They reflected upon how they accommodated in order to get through the days as well as how they learned to cope more successfully for themselves and their children. The concept of distance was important in understanding their successes. In trying to give meaning to their own experience, participants sought reasons for why it was and the purpose it might have for them. They relied on what was familiar to them, what they already knew. In the process, they grew into new beliefs and values and reaffirmed beliefs in the inherent goodness and the possibilities for change in their children. Belief in the experiential nature of the inside view was balanced by a belief in the necessity for connection with and support from the outside, as vital for living through their experience. Learnings about themselves were unique and helpful in addressing their own perceived needs, whether it was to learn to trust, to laugh or to understand and accept self. From their children, participants learned tolerance, empathy, unconditional love and a determination not to judge others. They also learned an appreciation for the ordinary; perhaps by having to be so present for their children, they learned to be more truly in the moment.

Distal events of the past and thoughts of the future affected the proximal moments of the present, interconnecting the past and future with the present. The view to the future brought visions of dreams and fears for their children. Dreams for happiness, success and acceptance were painted with care as participants hoped their children would find a balance of self-control without breaking their spirit. The future was clouded by fears, both in the short-term and farther down the road. Participants feared those times in the future when their child would move out of the family context offering protection and control, to the influence of peers, and the demands of school. They were concerned about future family relationships and the possibility of repeating family histories of abuse and mental illness. Despite their fears, there was an abiding sense of optimism that things could change and be better, underlining the necessity for and the strength in holding on to their belief in their child and the future.

When asked to consider the question of gender, the majority of participants felt there would be little difference in parenting boys and girls with behavior problems. They would both be difficult and challenging, with the same issues, the same concerns. The majority of participants believed that boys were more aggressive than girls. They saw genetics and socialization and the interaction of both, acting as influences upon engendered behavior, specifically sex roles. The parents of two girls in the study noted that girls were less likely to be noticed as having behavior problems, either because of societal expectations, or the different more subtle behaviors that made girls less visible.

In the videotape experience, the parent was placed in the role of researcher. By having the parent choose what to film as typical parent-child interactions, and having them do the filming themselves, the parent acted as the subject, the maker and the viewer. In so doing, the interpretation remained truly with the participant in illuminating the inside view. The experience of doing the videotape suggested that it was relatively easy for participants and that the behavior and interactions of parents and children typified everyday experiences. Watching the videotape offered the opportunity to re-confirm what they knew as well as see new possibilities. They also used the videotape experience to revisit themes from the initial interview, to reflect further on the meaning for them.

Watching the videotape confirmed much of what participants already knew about their child, themselves and their interactions and were generally positive in tone. They noticed changes, differences and new possibilities. Watching the videotape further highlighted inside/outside differences and offered to many, confirmation to them of the inside perspective. While not asked to do so, participants used the videotape experience to re-connect with the themes and meanings that emerged for them from the first interview. They reflected back on their own purpose and the direction in which their journey of parenting had taken them. The personal meanings were rich and diverse: to be affirmed as a parent and to be able to make it different, to grow into parenting by defining the self first, to continue the process of externalization from the problem, to begin to seek an outside perspective, to yearn for and seek outside connection. The value that participants attached to the videotape experience depended upon their perception of what they needed and what they hoped to see.

The privilege of being invited into the interior worlds of these seven women brought a renewed sense of respect for their knowing, their pain, their strength, and their optimism and belief in their children, themselves and the future. The essence of the inside view remains in experiential knowing and in Sandra's words of wisdom: "You can't ever compare the inside of yourself to the outside of someone else."

CHAPTER 5

DISCUSSION

The Hermeneutic Circle: Highlights From Revisiting the Data

In establishing the theoretical validity of the study, it is important to examine the themes emerging from the data against the backdrop of existing theoretical frameworks and research. The purpose of this process is to consider the degree of consonance or agreement and thus provide support for the researcher's interpretation of the phenomenon under study. In keeping with the recursive nature of the research process in this study, the connections and linkages between the study and the existing literature have been reviewed, highlighted, and in some cases incorporated throughout the design and implementation of the study. This was accomplished through the ongoing process of bracketing and has been visible in defining and stating the problem, in the review of relevant research, and in a more general sense within the explication of themes. The following discussion further highlights both the linkages and the differences between the phenomenon as interpreted, and the research literature.

Illuminating the Phenomenon

The purpose of this study was to illuminate the parent perspective, the inside view, of mothers' experience of parenting young children with behavior problems with a focus on parent-child interactions. The study was undertaken within the framework of a phenomenological study of the actual day to day experiences of parenting, in order to uncover common structures or themes of experience. In discussing methods of hermeneutical research of lived experience, van Manen (1990) describes four existentials or fundamental themes of all experience: lived space (spatiality), lived body (corporeality), lived time (temporality), and lived other (relationality). The fact that all four aspects clearly emerged throughout the themes explicating the experiences of the participants in this study would suggest that the underlying structures of the phenomenon were illuminated.

Lived space. In describing their experiences, the stories told by participants reflected a spatial dimension to the emerging themes. Contexts of home and the outside defined different spaces in which important ongoing interactions took place. Home often became a shelter for both parent and child; a place to keep the child safe physically so they could not run away and where the parent could relax. It was also a place that was emotionally safe, away from public judgments and criticism.

Just as it provided shelter, home also became a place where participants felt closed in and restricted with their child, and where mothers felt a strong sense of isolation and disconnection with the outside world. Participants searched for a balance of inside and outside spaces, where they could feel the protection and shelter of home yet reach out for connection with and support from the outside.

The dimension of emotional space was apparent. Participants sought space and distance from interactions and situations in order to gain some perspective, and to be able to provide a reflective response rather than a reaction. They sought distance to maintain a sense of emotional calm, to regain a sense of self, and to re-generate their own energy. The dimension of space or distance was also reflected in the differences between inside and outside perspectives.

Lived body. When experiences become embodied, there are physical sensations that accompany the cognitive and affective aspects of the experience. Participants described their bodily expressions mainly in terms of the tension and the anxiety they lived with from having to be in a constant state of alert. While there was not a great deal of embodied experience expressed in their words, the lived body dimension clearly emanated from the tears, the silences and the body postures. These physical manifestations went beyond words to express the felt experience of the pain, the fears, the losses and the hopes of each participant. The power and presence of these embodied experiences was readily apparent from being with the participants as they shared their stories.

Lived time. The lived experience was clearly contextualized in the dimension of time. The recursive nature of time was reflected in the past and future links to the present, and the present affecting the past and the future.

Participants used their parenting experiences in the present to change and reconstruct their understandings of past experiences. Their present experiences also affected their view of the future. As well, distal frames of their hopes and fears for the future, and their past experiences affected the proximal or present context in which they lived.

Time was often of a subjective nature as opposed to actual clock time as participants endured the "waiting game" or envisioned the adolescent years of their 4 year old child. The accumulation of time in terms of shared family history was apparent for participants, but they experienced it as being different from ordinary parents, leading to a much different sense of history. Going for a walk or going out in public were ordinary events that became extraordinarily difficult. The recognition of problems from an early age led to many less than joyful moments in their parenting experiences. From these intensive experiences in the present came an appreciation for the ordinary; a renewed sense of living more fully in the present and a renewed sense of hope and optimism for change.

Lived other. In their experience of other, in interpersonal relationships, participants maintained both a sense of self and a sense of other and were able to hold the two at once. They saw themselves and their children as individuals as well as in relation within the context of parent-child interactions, and then in ever widening circles of other family members, extended family and on through to the public. The genuine connection with their child was essential for participants as they valued the bond with their child, and described the similarities, seeing themselves in the child. They spoke of the commitment to and belief in the child and the sense of being in it together, or in van Manen's (1990) words, a sense of "we-ness" (p.108). Interestingly for these parents, the sense of "we-ness" carried some negative aspects as participants felt the sting of outside judgments, feeling blamed and feeling that their child's behavior was a reflection upon themselves as a parent and as a person.

The threads of distance, connection and meaning were interwoven throughout these four fundamental themes of experience. Throughout their descriptions of the phenomenon, participants sought to bring personal meaning to their experience, looking for answers to their "how", "why", "what", "when", and "where" questions. The task that they set for themselves serves to reinforce Frankl's (1959) contention that the most basic human drive is man's search for meaning. The four fundamental themes of experience form what van Manen (1990) refers to as "the intricate unity of the lifeworld" (p.105) and while they can be differentiated, they cannot be separated. As such, they are reflected in the phenomenon of parenting a young child with behavior problems.

The interview experience. The primary vehicle used to study the phenomenon under investigation was the interview, using conversation as the basis for the hermeneutical, dialectical and dialogal processes of phenomenological research. The most valid test of the technique would seem to be to ask participants about their reactions to the interview, in terms of its value. When posed with this question, all 7 participants described the interview experience in positive terms. Several spoke of it as helpful to talk about and share their experiences, to feel listened to and through conversation, to be able to put their experience in perspective. Cindy expressed it well when she said it helped her to talk because it slowed it down and allowed her to stop and examine her experience. Three participants commented that their interview experience was comfortable because of their previous experiences in group therapy. There were two somewhat negative comments; Karen found it emotionally draining while Joanne worried about being able to articulate her ideas. Overall, participants viewed the interview experience as valuable in illuminating their own experiences of parenting. When I visited with them 6 months later, several participants commented upon how much they had learned about themselves as they continued to reflect upon the interview experience. The interview does in fact serve as a way to connect the inner and outer worlds and illustrates the importance of moving from the experiencing to the knowing through the telling.

The Phenomenon and the Literature

Due to the nature of the qualitative research process, it is not appropriate to make generalizations to the population from a sample of 7 participants. However, it is instructive to note on the basis of a small but in-depth sample, striking similarities and differences between descriptions of the phenomenon in this study and in the literature. Of course, generalizations do arise from the degree of resonance achieved between the interpretation given and the reader's own experiences.

The themes which emerged from the participants' descriptions of their experiences of parenting offered a view from within, the inside view of parenting in the present, and a view from a distance through the videotape experience. Each lens provided a different perspective which participants connected together in the process of reflecting, articulating their perceptions and constructing personal meaning. What emerged from their descriptions were themes which encompassed the commonality of experience as well as the diversity of individual experience. The resulting picture aligns with Badir's (1993) ecological view of the family as an environment.

Perhaps the most essential aspect of the phenomenon as described by participants is that the inside view is based on lived experience; it is one of experiential knowing. This clearly echoes the growing call toward an understanding of our environment through the interpretations and personal meanings of those experiencing it (Badir,1993; Kagan,1994; van Manen,1990; Vygotsky,1962).

Participants generated a picture of the inside view that was contextualized within multiple reciprocal interactions of family, extending out to include professionals and the public. Interestingly, they generated a framework from their own experiences which connected their inner and outer worlds and which reflected structures and processes similar to the ecological model of Bronfenbrenner and Ceci (1994). The proximal process of parent-child interactions played a primary role and its importance was apparent throughout the descriptions of the phenomenon. The diversity of effects was clear as the process acted in positive ways for some participants in various contexts, and in negative ways for others. This reinforces the importance of considering processes rather than factors, which can help explain resilience in some but risk in others, as well as the multiple impact of child factors such as temperament and parent factors such as family adversity.

The parent perspective offered new information that I had not come across in the literature. It was clear from their stories that the inside view is often in sharp contrast to the outside view, creating dissonance and clear inside/outside differences which often left the participants feeling invalidated, unacknowledged and in some cases, disempowered. For me, the most significant aspect in illuminating the inside perspective was in the descriptions, in rich sometimes arresting detail, of how different it is from what most people experience as parents. Acknowledging and understanding these differences and distances in perspectives between the inside and the outside is essential and has important implications for parent, child and family-based interventions.

I was particularly impressed by the early detection abilities of parents in the diagnosis of a problem in their children. Six of the 7 participants noticed differences or difficulties by the first year of age and many described a constellation of behaviors which continued past normal developmental transitions. Campbell (1995) cites extensive evidence to support the accuracy of early maternal behavior ratings in predicting later behavior problems. Campbell points to the complexities of naming or labeling behavior problems in young children, a phenomenon supported by the participant experiences. Campbell defines family context as a critical factor which is very important in early years in the development and maintenance of behavior problems. This was supported by the participant focus on the family context as they expanded on the impact of multiple stressors and multiple contexts, and as they considered factors of genetics and family history operating in their situations.

Many researchers (e.g., Kochanska,1995, Seifer et al.,1996) have exhorted their colleagues to move away from the unitary causal focus on mothers in locating behavior problems with young children. The participants paralleled this process in moving from a perspective of "it must be me" to a reciprocal interactional approach of "it must be both of us." Unfortunately, there still exists in the literature (Campbell,1995) a tendency to turn the powerful early effects of parent factors into a scenario of mother-blaming. The inside/outside differences noted by the participants attest to this continuing attitude, as well as the devastating impact this has on a parent who is already dealing with a difficult situation. The capacity of participants to view their situation in terms of multiple contexts and reciprocal processes would seem to be a way of thinking to which more of those on the outside should aspire.

Throughout their stories, participants underscored their need for connection as they described their efforts to have their view confirmed by others, as well as to access other perspectives and supports. The isolation and restriction resulting from staying home or not having any outside supports was clearly evident. Research on resiliency does note the importance of outside supports and how this helps parents to cope more successfully (Kysela, McDonald, & Alexander,1994). Participants were relentless in their search for and belief in the good qualities, the possibilities in their children. This attitude seemed to be essential in terms of maintaining their hope for change and improvement, and has been well documented in the research on successful coping in families (Kysela et al.,1994). Participants did note that while outside supports were important, it was essential that some similar experiences or common understanding be present.

The descriptions of the power struggles and the bad days which all participants endured with their children were clearly aligned with Patterson's (1982;1986) descriptions of the coercive cycle between parents and children. Participants took it further in describing the subtleties of the dance between child and parent, reading each other as they shaped and affected each other in delicate yet powerful ways. The importance of factors of parental sensitivity and synchrony (Wahler,1995) became clear in the understanding participants showed of how their own perceptions, moods and issues impinged upon interactions with their child. The proximal-distal frames described by Fox (1995) and Wahler (1995) were evident as participants described how contexts of past experience, couple issues and extended families influenced their perceptions and interactions with their child. It was most interesting to note that participants showed varying degrees of awareness of this process. Some had reached the point of insight where their awareness opened them to new possibilities for change, to exert some control and to make it different from before. Those participants seemed to have a greater degree of clarity to their thinking which translated into a clarity and sureness in ways of dealing with their children.

The participant discussion around gender issues reflected a complex pattern of genetics and socialization processes. They were surprised at the clear identification of sex roles in their children, sometimes despite their own efforts to equalize opportunities in terms of toys and dress. While the majority of participants contended they would parent the same way, no matter what the gender of the child, they also pointed to the powerful influence of society in the different expectations and acceptance of aggression in boys and girls. The experience of the two mothers of daughters with behavior problems encourages interest in the direction of studying different more subtle behavior patterns in girls. These patterns may be less visible than acting out behaviors, but are equally powerful in coercing and controlling those around them. From their own experiences, most girls and women would likely attest to the subversive techniques school-age girls often employ to control social interactions.

It was most interesting to witness how each participant used the videotape experience to re-visit and reflect upon the themes they had explored in the initial interview. For the most part, participants used the videotape experience to confirm their knowledge and reflections. Where the videotape was most powerful was in those instances where the participant was surprised by new possibilities, whether it was in the recognition of being a good parent, in seeing the child's perspective more clearly or in witnessing the bond between parent and child.

In describing the learnings from their experiences that were meaningful to them, participants defined their beliefs and the personal transformations they had undergone, a process which is well documented in the literature (Colaizzi,1978, Frankl,1959; van Manen,1990). As they moved through the process of reflection, participants illustrated that in their need to find a purpose and a reason, the construction of personal meaning is indeed fundamental to the process.

The visions that participants held for the future were a poignant reminder of van Manen's (1990) description of hope as the fundamental experience of parenting. However, for these parents their visions and dreams were clouded by the difficult realities of the present and their fears and apprehensions of what awaited them and their children in the future. Once again, the inside view offered depth and insight into how their experience was so different from that of most parents.

Most importantly, the study reinforced the critical nature of parent perceptions, the inside view, in terms of how they view interactions, the importance of what they bring to those interactions, and the possibilities they see for change. Relying solely upon either the view from within or the view from the outside is limiting in terms of what is seen. It is essential to incorporate inside and outside perspectives, adding to and complementing each other. The combination of the two views may create a binocular view with depth perception, leading to the construction of a deeper more comprehensive picture of parent-child interactions in young children with behavior problems.

Implications for Intervention

In seeking to illuminate the parent perspective, the results of this study offer important implications for intervention, in terms of the value and use of the inside view as well as the value and use of videotape methods.

Utilizing the Inside View

The inside perspective articulated by the 7 participants in the study indicated that there are important differences from the normal parenting experience, and that the inside view has a powerful impact on parent-child interactions. This suggests that it is important to acknowledge and use the inside view in designing effective interventions with families of young children with behavior problems. What would seem to be essential is finding ways to facilitate the meeting of the inside and outside. Reaching complete agreement would not be expected but acknowledging the value of each perspective and utilizing the differences could lead to new learnings and a broadening of both perspectives. Including the parent perspective in interventions which focus on more cognitive aspects may prove fruitful by adding a piece to the puzzle, especially where interventions have not been successful or changes have not been maintained. Many interventions do note multiple stressors and contexts in working with families. However, it may be important to pay particular attention to the perceived impact they are having on the parent, perhaps coloring or crowding out the parent's ability to focus on the actual events in parent-child interactions.

Participants emphasized that the inside view is one of experiential knowing. For those who do not have the experience to draw upon, they may gain valuable insights through the process of listening. The value of a phenomenological study such as this is in providing common themes of the experience which may serve as guideposts to listen for and to ask about as the outsider seeks to better understand the parent perspective. Sandra emphasized the necessity for professionals to understand the inside view in order to fully recognize the needs of families, a view commonly expressed by participants.

The meeting of inner and outer worlds may offer insight to both parties, including the parent. It is important to explore with the individual the inner world of their perceptions and beliefs in helping them to become aware of the power and meaning of their own stories. The role and expertise of the listener becomes critical as the intent moves from a polite acknowledgment to a therapeutic conversation. It requires an active sensitivity on the part of the listener to recognize parent perceptions and ask questions to clarify who is in the story, who is affected and within which contexts. The approach of narrative therapy has considerable potential here in offering questions and guidelines for the listener. From a narrative perspective, the experience of parenting a child with behavior problems causes changes and the parent must improvise, change direction and reformulate meanings (Parry & Doan,1994). The authors go on to say that : "such changes (even when unwelcome) contribute to a richer, deeper, more interesting, better-plotted narrative" (p.4). This approach parallels that of Wahler et al. (1993) in their work on synthesis training with parents. It emphasizes the degree of coherency in stories and the ability to differentiate distal stories from present ones, to determine voices in story, and to take over authorship in the re-writing of stories. Clearly, this aspect of intervention may not be necessary for all parents and it is important to make that distinction. For those parents who may benefit however, it becomes clear this is not a general pre-designed program to be implemented solely by intervention workers. Instead, it is a process of mutual construction where appropriate advanced skills in therapy are required.

With the increasing demand for services and diminishing resources, the pressure is often on professionals to make changes as quickly as possible with families. However, utilizing the parent perspective can offer valuable resources for change using a solution-focused approach. By valuing parents' knowing, it may be possible to illuminate resources that parents already possess that may be enhanced and strengthened by making use of what is already working. Participants in the study clearly showed an expertise in their knowledge of what worked and what didn't work with their children. Sandra attested to the importance of a resource focus when she described how she needed an outside perspective to notice the positives in her parenting at a time when she herself could not see them.

Such an approach may better reflect a more complete and truly collaborative process of intervention which more successfully empowers the parent. It may also assist parents to view the reciprocal and interactional nature of their interactions with their children. Rather than expecting that either the problem or the solution must reside solely in themselves as parents or in their child, they may be able to consider a more holistic systems view which may be less blaming and more open to new possibilities of change.

Several participants re-confirmed, from their experience, the necessity for intervention and support early on in their process of parenting. However, they were frustrated by difficulties in finding out about resources available, often relying upon informal connections of friends or colleagues. One participant made the suggestion that resources and services be advertised more in places where parents bring their young children, such as Doctors' offices. A number of participants had learned the value of a positive consistent structured approach with their child and spoke very positively of their experience in an intensive parent-child training program. Interestingly, the value of the parent support group was most evident as parents continued to meet monthly after the program concluded. The importance of parent support groups in being able to share actual experiences and provide support underlines the essential nature of connection about which participants spoke.

Participants had come to the realization that their child's difficulties would not go away so much as become different and perhaps more challenging with time. This suggests that it is not realistic to expect early intervention programs will cure problems completely. Instead, it points to the need for a variety of appropriate services to be available to children and families along the way, with early services focusing on family-based interventions and school-age services broadening to include peers and teachers with a focus on both learning and social successes across home and school contexts.

Utilizing Videotape

This study utilized videotape by having parents use it to illuminate their inside perspective but it also has possibilities for intervention. Ray and Saxon (1992) note the usefulness of videotape in family therapy as a tool to help clients focus on personal meanings in a safe neutral way. Offering a videotape experience, especially if the parent does the filming, can create a space for them to explore their own interpretations without the weight or influence of meanings imposed from the outside. It may help to confirm for the parent what they already know, as well as open up new possibilities to them as they have the opportunity to view themselves from a distance.

The experiences of the participants emphasized that the use of videotape in interventions requires a sensitivity to individual needs. Timing is important in terms of whether it would be seen to be intrusive or may only serve to reinforce the already negative view of the parent. This is why it becomes essential to discuss it thoroughly with the parent before introducing videotape. Given this, it is important to note that the majority of participants saw themselves as doing a good job of parenting. Thus the videotape can be encouraging for parents in pointing out progress in themselves and their children as they live through difficult times. The videotape can serve to confirm to parents what they experience as the inside view, even in terms of showing to the outside how difficult life can be with their child. One participant in particular was adamant that those on the outside see how truly frightening and exhausting her son's behavior could be for her. The videotape can also serve as further reflection on themes and issues which are most meaningful to the parent.

The most important point in utilizing videotape would seem to be that the purpose for using it is made clear to all parties. Further, it must be understood that whoever does the filming, that will be the perspective provided. Given these understandings, including self-videotaping in interventions may help to shed light on different contexts and perspectives. It may also give parents an opportunity to view themselves in a way which evokes a sense of curiosity and interest rather than feeling judged from the outside.

Implications for Research

The present study has offered insights into the parent perspective via the interview and the innovative use of videotaping. It is instructive to examine the limitations of this study in order to determine future directions for research.

Limitations of the Study

There are three limitations to this study which may have affected the findings and their interpretation. First, the study focused on only one participant in the interaction dyad, the mother, and excluded the perceptions and experiences of the child. Just as parent perceptions of child behavior proved to be critically important in parent-child interactions, it is also important to consider how the child interprets parent behavior. Consideration must be given to the fact that the children in this study were likely too young to adequately articulate and verbalize their experiences completely. However, there were some points in the study where the child's perspective could have been utilized. The majority of the children showed a real interest in watching themselves on videotape and often offered comments about their own behavior. Some of them had never witnessed one of their own tantrums. This might be a future consideration as a possible data source, especially if the children are older and more able to reflect and verbalize.

Second, fathers were not included in the study. The significance of the father's role in parenting is well documented by research as is the significant impact of marital relationship factors in parenting style and child outcome of behavior problems (Cowan, Cowan, & Kerig,1993; Rutter,1994). More recent research suggests that the linkage between marital and parent-child relationship may be more unitary and global than previously thought (Erel & Burman,1995). Therefore regardless of gender, positive parent-child relations are not as likely to exist when there is marital discord. Although the perspective of the father would have no doubt added a richness to the data, the time constraints of dissertation research dictated that the focus of the study be limited to mothers. Consideration was also given to the fact that, despite economic and societal changes in women's employment status and more equitable parenting arrangements, mothers continue to take the predominant role of care-taking of their children in the early childhood years.

The third limitation of the study relates to the limited use of the videotape. Participants were only given the opportunity to film once while a series of videotapings over time may have elicited much more in terms of what parents chose to film and how they interpreted the videotapes over a period of time.

Future Directions for Research

There are new possibilities and directions for future research which emerge from this study. First of all, the essence of the study points to the usefulness of combining both the inside and outside views to provide greater depth of understanding of the phenomenon of parenting young children with behavior problems. This could be taken further by developing a survey instrument on the basis of the themes explicated by the participants and conducting a survey of a much larger pool of parents to see if the experiences of the initial 7 participants are borne out by a larger sample.

Another way to combine qualitative and quantitative approaches would be to have the videotape coded and interpreted by trained observers and then compare the results with those of the parents. If parents were to be involved in the process, this would need to be done in the neutral context of conversation and curiosity rather than evaluation . Otherwise, the experience might be received by parents as further judgment of their parenting abilities.

It might also prove instructive to look more closely at the narrative process of constructing meaning together between researcher/interventionist and parent. Important insights might be offered in terms of how the meeting of inside and outside occurs, the language of change and the structure of questions used to facilitate the process of reflection, analysis and synthesis of parent stories. It would be interesting to map the degree of coherence or synthesis in parent stories with the degree of congruence then seen with parent-child interactions.

Personal Reflections

Having spent well over a year studying the inside view of others, this study would not seem complete without acknowledging my own view from the inside. The hermeneutic process defines the researcher as being in the center of the process and this is certainly the position in which I found myself. In glancing back over my research journal I found evidence for this from my own writings and from the words of the participants.

Engaging in a research project such as this truly brought me closer to the experience of parenting a young child with behavior problems. My own understanding was enriched by my connection with those having the lived experience. The extended and deeply personal interviews created a closeness which left me with a truer sense of what it is like to live the experience. From watching the videotapes and being in the homes, I literally felt the sheer exhaustion of parenting, and recognized how easy it would be to yell, to want to give up and to desperately need a break from it all. Throughout these trials, I was heartened by the ability of these women to find creative solutions and to create hope and meaning for themselves. My faith in the resilience of the human spirit was renewed.

There were several moments of connection that have changed me and that will remain with me: my tears at hearing Marilyn's deep distress and pain; the engaging smiles of connection from the children; my sense of guilt at recognizing that I too had often made judgments of parents in public, blaming rather than offering to help and my personal commitment to begin to see it differently and respond differently in those public situations. When I traveled out of the country, I found I took their stories with me, seeing things through their eyes and filtering my experiences. As a parent, I was reminded to renew my own sense of appreciation for the ordinary, to not take daily gifts of parenting for granted.

Just as I was changed by them, these seven women left me with gifts of knowing how in small ways, I had touched their lives as well: one saying she wanted to hug me for acknowledging her power as a parent; another for commenting on my way of acknowledging and joining the world of her child; and another for her words of gratitude at being validated for her knowledge and experience.

I have found that my experiences in the role of researcher have had an impact on my role as therapist. I pay closer attention to the language, even my own. I talk of how I am with people, not of how I work with people. I find myself listening for more of the time and listening in different ways as people share their stories. The frames of reciprocal interactions, multiple contexts, the distal-proximal view, narrative, and the essential truth of each person's perceptions and interpretations, are reflected more clearly in the questions I pose and the possibilities I construct with people. I speak more in terms of purpose, beliefs and meaning, and of the need to live one's life with intention.

When I began to apply an ecological approach to understanding the diversity and complexity of human experience, I wondered if such a complex model would be overwhelming in trying to determine how to intervene effectively. What I have come to rely more upon is the input of the person having the experience. Together, in the conversational meeting of inside and outside, we can adjust the lens and focus in on an important meaningful part of the picture. Further along and possibly with the addition of videotape technology, we can draw back and get some distance in the view in order to see how the contour that we isolated fits into the entire terrain or landscape of the individual's experience.

When I launched into my new role of researcher, it was with some degree of apprehension and trepidation. I wondered what I might learn as a researcher that would be of value to me as a clinician. As the qualitative research process unfolded, I came to understand that it focuses upon the first two steps of the therapeutic process: turning the knowing into telling, and analyzing and reflecting upon the meaning. As the researcher and in contrast to my role as therapist, I did not seek to construct goals for change or introduce new perspectives. Instead, the telling of the participants' stories remained in the forefront. What was a revelation to me was how many participants proceeded on their own through the third and fourth steps of creating a vision for change and then developing and implementing strategies to honour the vision. Once again it brought home to me the capacity of individuals to find personal meaning and purpose. And once again, I was reminded of the privilege I am afforded in being invited into the inner worlds of others. I now carry with me the powerful message that: "You can't ever compare the inside of yourself to the outside of someone else." To this I would add: to dwell in the meeting place of inner and outer worlds brings true understanding.

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Appendix A
Invitation To Volunteers

University of Alberta Research Project

- ARE YOU THE MOTHER OF A YOUNG CHILD AGE 2 TO 4 YEARS?
- HAS YOUR CHILD'S BEHAVIOR BEEN A MAJOR AND ONGOING CONCERN FOR YOU?
- WOULD YOU BE INTERESTED IN SHARING YOUR EXPERIENCES OF PARENTING, FOR PURPOSES OF RESEARCH?

This research project involves a series of in-depth interviews in the privacy of your home.

Your child would be involved only through a home videotaping activity that you, as the parent, would be doing.

IF YOU ARE INTERESTED IN THE POSSIBILITY OF PARTICIPATING IN THIS STUDY PLEASE PHONE

PEGGY TALLY

AT

492-9850

TO FIND OUT MORE ABOUT THE STUDY

Appendix B
Screening Questions

1. This is a study about parent's experiences of parenting a young child with serious behavior problems. Does this fit for you? (Child's age and gender).

2. Is this happening right now for you? Describe typical day with child.

3. What would you define or say is a behavior problem?

4. How long has it gone on? More than 6 months, a year?

5. Has anyone else such as a Dr., daycare worker, Glenrose suggested your child may have a behavior problem?

6. Has there been any assessment done at Glenrose or a clinic?
Do you agree with the assessment?

7. Do you think the behavior problem is a problem in itself or is it directly due to something else like language or communication problems?

8. This interview process is a personal one we will do together. Sharing your thoughts, feelings and perhaps your disappointments- things that are personal, and maybe painful. How do you think that would be for you?
I want to make sure that you feel comfortable sharing this with me.

Appendix C
Consent For Participation Form

Project Title: Mothers' Experiences of Parenting Young Children With Behavior Problems.

Investigator: Peggy L. Tally, Dept. of Educ. Psych., University of Alberta.

Background: Most studies of parents and their children with behavior problems have concentrated on boys and have relied on outside observers. I hope to gain new insights by getting an "inside" perspective from parents themselves and from parents of girls as well as boys.

Purpose: The purpose of this study is to learn more about:

* your own experience of parenting your child.

Procedures: The researcher will interview mothers of young boys and girls with behavior problems. The interviews will take place in 3 phases. First, there will be an open-ended interview. Second, a 15 minute videotape will be made by you of what you view as typical activities and interactions between you and your child at home. A portable video camera will be provided for you to do this at your convenience. This will be followed by a further interview with you after we view the tape together. Third, there will be a final interview.

All interviews will be tape-recorded. Each of the three phases should take about two hours for a total of six hours of your time. The only time your child is needed to participate is in the videotaping activity.The three phases will take place in the privacy and comfort of your home.

Risks/Benefits: Participation in the study will not have any anticipated harmful effects, however there is some risk in the interview experience itself. The interview is an in-depth experience in which new insights and also important concerns may come to light. In the event that issues or concerns arise that you wish to address further, efforts will be made to help you access appropriate support services.

The possible benefit to you for participating in this study is the opportunity to gain new insights and new perspectives into your own experience of parenting your child. By participating, you will also be contributing to findings that will be used to help develop effective programs in helping other families and their children.

Confidentiality: All written and recorded information will be kept in confidential records which will be stored in a secure locked place. The audiotapes and videotapes will be destroyed or, if you wish, returned to you after the publication of the final report.

Any personal information that would identify you or your child will not be used in the final published report. For example, neither you nor your child will be identified by name.

I voluntarily agree to participate. I may refuse to answer any questions, I am free to withdraw my consent and stop my participation at any time. If I decide not to participate or I withdraw from the study, this will not affect present or future care for myself or my family.

I have read this form and this project has been discussed with me. All of my questions about this study have been answered to my satisfaction. I understand my involvement and my child's involvement in this study. I have been given a copy of this consent form.

If I have any further questions, I can contact Peggy Tally at the University of Alberta in the Department of Educational Psychology.

Signature of Participant Date Signature of Witness Date

The person signing this form appears to understand what is involved in this study and voluntarily agrees to herself and her child to participate.

Signature of Investigator Date

Appendix D
Release Of Information

Research Project:	Mothers' Experience of Parenting Young Boys and Girls with Antisocial Behavior Dept. of Educational Psychology University of Alberta
Principal Researcher:	Peggy L. Tally
Supervising Committee:	Dr. R. Mulcahy Dr. L. McDonald Dr. M. Bibby Dr. R. Liburd

I give permission to the principal researcher, Peggy L. Tally, to release information obtained during personal interviews to the supervising committee, and to use the information obtained, with confidentiality and anonymity maintained, for analysis and documentation in a doctoral dissertation at the University of Alberta.

.... Date

.... Name of Participant

.... Name of Researcher

Appendix E
Initial Interview Questions

I am interested in hearing what it has been like for you since (Name) was born, what it has been like to parent (Name). Your feelings, your thoughts, your reactions; the whole experience as it has been for you. You may want to start at the beginning or you may want to start with how it is now and then fill in the past events as you go along.

[May need to describe what happened before getting into the actuality of the experience for themselves].

How did it feel? Tell me about? What has it been like for you? So how is that for you?

1. Time referents: at birth
    - first noticing concerns
    - the "diagnosis"
    - present - now
    - future - will be
2. Person referents: Who noticed- husband, Dr., neighbour?
    - What was this like for you?
    - Who is affected?
3. Place referents: Home
    - School
4. Hopes and fears- Present and future
5. Why? Why us?, why child?, why me?
6. How? How families should be?
7. Emotional and sensory referents: thoughts
    - feelings
    - physical reactions
8. Gender: Any sense of whether having a boy or girl makes a difference for you as a parent?

Appendix F
Videotape Interview Questions

A. The experience of doing the videotape:

1. Any reactions, thoughts or feelings from doing the tape?
2. Did people act naturally, typically? Awareness of camera?
3. Any sense of why you chose to videotape what you did?
4. Anything that you knew before that was confirmed?
5. Anything new that you hadn't experienced before?

B. The experience of watching the videotape:

1. Any reactions, what was it like for you to watch yourself and your child?
2. Anything you saw that you already knew?
   For you? For your child?
3. Any new learnings, anything you hadn't noticed before?
   For you? For your child?

C. General

1. Having done the video and watched it, is there anything you would have done differently?

2. Is there anything in particular that stood out for you with this experience, something you will remember or perhaps think about some more?

3. Some parents, after doing this video and watching it, might have some thoughts or feelings on how they see themselves as a parent? Tell me how it is for you.

Appendix G
Illustration of Transcript Analysis

SIGNIFICANT STATEMENT	LABEL	CATEGORIES/THEMES
Participant- Debbie		
Oh 1 day I'll come and get her off the couch and have her jumping on the floor and the other day I'll just let her. I'm so frustrated, I give in. And I think that's very common. You get to the point well what else do I do?	p dealing with child p. gives in frustration	Accommodating:Getting through the day Learning From Living: Personal Transformations
Well they don't see it at daycare and yet when I'm there. I see it right there.	outside different from inside daycare doesn't see behavior	Inside/Outside-recognizing the problem Defining It: The Problem
We have our struggles because we both have our different views. He thinks I'm always too overprotective and not letting her take the falls. I said when it comes to safety, I have to watch her.	couple parenting views different	Couple issues Family Issues Living With Others Living It: The Experience of Parenting in the Present
But I know she's in for a long haul not only for myself as a parent but for herself as a child growing up. And of course that's just part of the whole future for her. You're looking at school already and stresses.	p. view of future short-term fears	Living with the fears Looking to the Future
You're not laughing at the time things are happening but making sure I keep time for me to just go for a walk by myself or relieve stress that way.	p. coping time for self	Coping better with my child Coping successfully Learning from Living:Personal Transformations
It was neat to watch me and her playing, me laughing because that's a hard thing for me, learning how to play and have fun with my own child. So that was good just seeing, it's neat because that's a change in me that I never had before.	p. notices laughing,playing is hard for her is new feels good	Seeing new possibilities Watching the Videotape